

Form **990**
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)

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
KEYSTONE HUMAN SERVICES

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4391 STURBRIDGE DRIVE

City or town, state or province, country, and ZIP or foreign postal code
HARRISBURG, PA 17110

D Employer identification number
25-1847902

E Telephone number
(717) 232-7509

F Name and address of principal officer:
CHARLES J HOOKER III
4391 STURBRIDGE DRIVE
HARRISBURG, PA 17110

G Gross receipts \$ 14,682,187

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.KEYSTONEHUMANSERVICES.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1999 **M** State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
KEYSTONE HUMAN SERVICES (KHS) CREATES OPPORTUNITIES FOR GROWTH AND MEANINGFUL LIFE CHOICES SO THAT ALL PEOPLE CAN BE VALUED, CONTRIBUTING MEMBERS OF THEIR COMMUNITY. FOR OVER 40 YEARS, KHS AND ITS SUBSIDIARY ORGANIZATIONS HAVE DEVELOPED A WIDE RANGE OF SERVICES AND SUPPORTS FOR ADULTS, CHILDREN AND FAMILIES.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | |
|--|----|-----|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 12 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 12 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 125 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 12 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0 |

| | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 69,432 | 10,972 |
| 9 Program service revenue (Part VIII, line 2g) | 14,108,659 | 14,620,294 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,251 | -129,394 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 185,200 | 49,859 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 14,364,542 | 14,551,731 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 0 | 0 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 8,476,427 | 8,443,564 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 5,768,047 | 6,119,581 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 14,244,474 | 14,563,145 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 120,068 | -11,414 |

| | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 54,593,919 | 74,231,798 |
| 21 Total liabilities (Part X, line 26) | 15,740,450 | 26,471,087 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 38,853,469 | 47,760,711 |

Part II Signature Block

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: *****
Date: 2021-05-10

CHARLES S SWEEDER VICE PRESIDENT, FINANCE
Type or print name and title

Paid Preparer Use Only

| | | | | |
|---|----------------------|------------|---|--------------------------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ RKL LLP | | 2021-05-10 | | P00647342 |
| Firm's address ▶ 1330 BROADCASTING ROAD PO BOX 7008 WYOMISSING, PA 196106008 | | | Firm's EIN ▶ 23-2108173 | Phone no. (610) 376-1595 |

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

KEYSTONE HUMAN SERVICES (KHS) CREATES OPPORTUNITIES FOR GROWTH AND MEANINGFUL LIFE CHOICES SO THAT ALL PEOPLE CAN BE VALUED, CONTRIBUTING MEMBERS OF THEIR COMMUNITY. FOR OVER 40 YEARS, KHS AND ITS SUBSIDIARY ORGANIZATIONS HAVE DEVELOPED A WIDE RANGE OF SERVICES AND SUPPORTS FOR ADULTS, CHILDREN, AND FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 services? Yes No

If "Yes," describe these changes on Schedule O.

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.

4a (Code:) (Expenses \$ 14,563,145 including grants of \$ 0) (Revenue \$ 14,670,153)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 14,563,145

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a through f for questions 11 and 12.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 [checked]

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in 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: CHARLES S SWEEDER 4391 STURBRIDGE DRIVE HARRISBURG, PA 17110 (717) 232-7509

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, or 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 organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 |
|---|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DR JENNIFER CHAMBERS DIRECTOR | 2.00 0.00 | X | | | | | 0 | 0 | 0 | |
| (2) SALLY KLEIN DIRECTOR | 2.00 0.00 | X | | | | | 0 | 0 | 0 | |
| (3) GLENDA AUKER DIRECTOR | 2.00 0.00 | X | | | | | 0 | 0 | 0 | |
| (4) TOM FLOWERS DIRECTOR | 2.00 0.00 | X | | | | | 0 | 0 | 0 | |
| (5) DONALD WITMAN DIRECTOR | 2.00 4.00 | X | | | | | 0 | 0 | 0 | |
| (6) BRUCE FELDMAN DIRECTOR | 2.00 0.00 | X | | | | | 0 | 0 | 0 | |
| (7) DR ROBERT COLMAN DIRECTOR | 2.00 2.00 | X | | | | | 0 | 0 | 0 | |
| (8) MARY KRATZER DIRECTOR | 2.00 2.00 | X | | | | | 0 | 0 | 0 | |
| (9) JEFFREY PICCOLA DIRECTOR | 2.00 0.00 | X | | | | | 0 | 0 | 0 | |
| (10) RANDALL NIXON DIRECTOR | 2.00 0.00 | X | | | | | 0 | 0 | 0 | |
| (11) TERRI SLOCOMB DIRECTOR | 2.00 2.00 | X | | | | | 0 | 0 | 0 | |
| (12) STEPHEN RADER DIRECTOR | 2.00 2.00 | X | | | | | 0 | 0 | 0 | |
| (13) CHARLES J HOOKER III PRESIDENT & CEO | 3.00 47.00 | | | X | | | 553,207 | 0 | 127,066 | |
| (14) ROBERT BAKER VICE PRESIDENT | 3.00 47.00 | | | X | | | 283,966 | 0 | 29,676 | |
| (15) CHARLES SWEEDER VICE PRESIDENT, FINANCE | 3.00 47.00 | | | X | | | 277,904 | 0 | 36,763 | |
| (16) JENNIFER ALLISON VICE PRESIDENT, HR | 3.00 47.00 | | | X | | | 262,354 | 0 | 32,126 | |
| (17) L JOHN JABOUR VICE PRESIDENT, IT | 3.00 47.00 | | | X | | | 237,786 | 0 | 13,698 | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 |
|--|--|---|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) KRISTINE KOONTZ VP, QUALITY & CLINICAL SER | 3.00 47.00 | | | X | | | | 170,955 | 0 | 14,201 |
| (19) MICHELE S CHANG VP COMPLIANCE/INTEGRITY (B | 3.00 47.00 | | | X | | | | 167,714 | 0 | 12,241 |
| (20) MELISSA KREIDLER CORPORATE SECRETARY | 3.00 47.00 | | | X | | | | 89,003 | 0 | 13,009 |
| (21) KRISTINE C SAYLOR CHIEF FINANCIAL OFFICER | 3.00 47.00 | | | | | X | | 138,911 | 0 | 1,623 |
| (22) ELIZABETH NEUVILLE ED, THE KEYSTONE INSTITUTE | 40.00 0.00 | | | | | X | | 153,085 | 0 | 1,413 |
| (23) GENEVIEVE FITZGIBBON DEPUTY DIRECTOR | 40.00 0.00 | | | | | X | | 137,497 | 0 | 1,327 |
| (24) CRAIG GIRSCH INFRASTRUCTURE DIRECTOR | 40.00 0.00 | | | | | X | | 131,650 | 0 | 8,402 |
| (25) KRISTOPHER WEAVER VICE PRESIDENT DEVELOPMENT | 3.00 47.00 | | | | | X | | 156,246 | 0 | 12,367 |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 2,760,278 | 0 | | 303,912 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 12

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | Yes | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| KPMG LLP PO BOX 120522 DALLAS, TX 75312 | AUDIT SERVICES | 500,500 |
| ARRAYA SOLUTIONS INC 518 TOWNSHIP LINE ROAD SUITE 250 BLUE BELL, PA 19422 | TECHNOLOGY SERVICES | 400,929 |
| TEKSYSTEMS INC PO BO 198568 ATLANTA, GA 30384 | STAFFING SERVICES | 390,268 |
| WEIDNER CONSTRUCTION SERVICES LLC 5060 RITTER ROAD SUITE B1 MECHANICSBURG, PA 17055 | PROPERTY MANAGEMENT SERVICES | 244,825 |
| APPALACHIA TECHNOLOGIES LLC 5012 LENKER STREET MECHANICSBURG, PA 17050 | TECHNOLOGY SERVICES | 190,085 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 6

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|--|---|----------------------|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | 10,972 | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | | | | | |
| | h Total. Add lines 1a-1f | | | 10,972 | | | |
| Program Service Revenue | 2a MANAGEMENT SERVICES | Business Code | | | | | |
| | | 561000 | 14,620,294 | 14,620,294 | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue. | | | | | | |
| g Total. Add lines 2a-2f. | | 14,620,294 | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,062 | | | 1,062 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | 6a | | | | |
| | | | (ii) Personal | 6a | | | |
| | | b Less: rental expenses | 6b | | | | |
| | | c Rental income or (loss) | 6c | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 7a | | | | |
| | | | (ii) Other | 7a | | | |
| | | b Less: cost or other basis and sales expenses | 7b | 130,456 | | | |
| | | c Gain or (loss) | 7c | -130,456 | | | |
| | d Net gain or (loss) | | | -130,456 | | -130,456 | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | 8a | | | | |
| | | b Less: direct expenses | 8b | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | | 9a | | | | | |
| | b Less: direct expenses | 9b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | | 10a | | | | | |
| | b Less: cost of goods sold | 10b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a RENTAL INCOME | 531120 | 49,859 | 49,859 | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | 49,859 | | | | | |
| 12 Total revenue. See instructions | | 14,551,731 | 14,670,153 | 0 | -129,394 | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 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 | 2,530,766 | 2,530,766 | | |
| 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 salaries and wages | 4,870,494 | 4,870,494 | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 35,679 | 35,679 | | |
| 9 Other employee benefits | 646,875 | 646,875 | | |
| 10 Payroll taxes | 359,750 | 359,750 | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 119,567 | 119,567 | | |
| c Accounting | 176,140 | 176,140 | | |
| d Lobbying | | | | |
| e 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) | 567,026 | 567,026 | | |
| 12 Advertising and promotion | 63,170 | 63,170 | | |
| 13 Office expenses | 353,286 | 353,286 | | |
| 14 Information technology | 244,178 | 244,178 | | |
| 15 Royalties | | | | |
| 16 Occupancy | 2,817,884 | 2,817,884 | | |
| 17 Travel | 125,295 | 125,295 | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 96,919 | 96,919 | | |
| 20 Interest | 390,986 | 390,986 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 734,029 | 734,029 | | |
| 23 Insurance | 137,172 | 137,172 | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a LIBRARY AND MEMBERSHIP | 80,287 | 80,287 | | |
| b MEALS & ENTERTAINMENT | 78,721 | 78,721 | | |
| c SUPPLIES | 68,223 | 68,223 | | |
| d VEHICLE RENTAL & EXPENS | 66,698 | 66,698 | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 14,563,145 | 14,563,145 | 0 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------|----------------------|
| Assets | 1 Cash—non-interest-bearing | 151,171 | 1 | 13,974,275 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 5,628,401 | 4 | 2,383,991 |
| | 5 Loans and other 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 | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 821,513 | 9 | 1,055,057 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10,100,580 | | |
| | b Less: accumulated depreciation | 2,830,577 | 7,851,584 | 10c 7,270,003 |
| | 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 | 40,141,250 | 15 | 49,548,472 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 54,593,919 | 16 | 74,231,798 | |
| Liabilities | 17 Accounts payable and accrued expenses | 5,630,799 | 17 | 6,296,780 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 2,618,000 | 23 | 17,969,178 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 5,724,619 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 1,767,032 | 25 | 2,205,129 |
| | 26 Total liabilities. Add lines 17 through 25 | 15,740,450 | 26 | 26,471,087 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 37,031,136 | 27 | 45,367,590 |
| | 28 Net assets with donor restrictions | 1,822,333 | 28 | 2,393,121 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 38,853,469 | 32 | 47,760,711 | |
| 33 Total liabilities and net assets/fund balances | 54,593,919 | 33 | 74,231,798 | |

Part 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 | 14,551,731 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 14,563,145 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -11,414 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 38,853,469 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 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 in Schedule O) | 9 | 8,918,656 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 47,760,711 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash 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?
 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?
 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 Consolidated basis Both consolidated and separate basis
- c** 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in 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?
- 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 in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 25-1847902

Name: KEYSTONE HUMAN SERVICES

Form 990 (2019)

Form 990, Part III, Line 4a:

KEYSTONE ORGANIZATIONS (KEYSTONE) PROVIDE COMPREHENSIVE COMMUNITY-BASED SERVICES FOR CHILDREN, YOUNG PEOPLE, ADULTS AND FAMILIES IN THE AREAS OF INTELLECTUAL DISABILITIES, AUTISM, MENTAL HEALTH, EARLY INTERVENTION AND CHILDREN AND FAMILY SERVICES. KEYSTONE ACCOMPLISHES ITS MISSION THROUGH A FAMILY OF AGENCIES AND SUBSIDIARIES OF KEYSTONE HUMAN SERVICES (KHS).KHS SETS THE STRATEGIC DIRECTION FOR KEYSTONE, WHICH INCLUDES:A. LEADERSHIP AND ADVOCACY - PLAY A LEADERSHIP ROLE IN PUBLIC POLICY AT THE LOCAL, STATE, NATIONAL, AND GLOBAL LEVELS, WORKING TOWARD THE REALIZATION OF A VISION OF OPPORTUNITY AND FULL PARTICIPATION FOR THOSE WE SUPPORT.. B. LEADERSHIP IN SERVICES - PROVIDE COMPREHENSIVE SERVICES ACROSS REGIONAL, NATIONAL, AND GLOBAL VENUES WITH AN UNCONDITIONAL COMMITMENT TO QUALITY, INNOVATION, INTEGRITY, AND ACCOUNTABILITY.. C. GROWTH - GROW SIGNIFICANTLY IN THE NEXT FIVE YEARS, BOTH THROUGH EXPANSION OF SERVICES AND STRATEGIC ACQUISITIONS. D. PEOPLE, CULTURE AND WORKFORCE DEVELOPMENT MAINTAIN AN EXEMPLARY LEADERSHIP TEAM AND A SKILLED AND COMMITTED WORKFORCE SO THAT WE ARE ABLE TO ACHIEVE OUR STRATEGIC GOALS. E. FINANCE - BE A FINANCIALLY STRONG AND STABLE ORGANIZATION, DIVERSIFIED IN THE SERVICES WE PROVIDE, THE SOURCES OF FUNDING, AND IN THE GEOGRAPHIC AREAS IN WHICH WE PROVIDE SERVICES. F. INFRASTRUCTURE AND TECHNOLOGY - INVEST IN THE ORGANIZATIONAL INFRASTRUCTURE AND TECHNOLOGY NECESSARY TO SUPPORT THE SUCCESS OF THE ORGANIZATION.KEYSTONE ACHIEVED THE FOLLOWING SIGNIFICANT ACCOMPLISHMENTS DURING THE FISCAL YEAR ENDED JUNE 30, 2020:OPERATING IN THE COMMONWEALTH OF PENNSYLVANIA AND THE STATE OF DELAWARE, KEYSTONE SERVICE SYSTEMS, INC. (KSS) PROVIDES INTELLECTUAL DISABILITIES SERVICES THROUGH INDIVIDUALS RECEIVING BEHAVIOR SUPPORTS, COMMUNITY PARTICIPATION SUPPORTS, LIFESHARING SERVICES, RESIDENTIAL SERVICES, AND SUPPORTED LIVING AND EMPLOYMENT SERVICES. APPROXIMATELY 1,450 INDIVIDUALS RECEIVED KSS'S INTELLECTUAL DISABILITY SERVICES DURING THE FISCAL YEAR. KSS ALSO OPERATES ADULT MENTAL HEALTH SERVICES PROVIDING INDIVIDUALS PEER SUPPORTS, COMMUNITY RESIDENTIAL REHABILITATION, DOMICILIARY CARE, PSYCHIATRIC REHABILITATION, INTENSIVE CASE MANAGEMENT, AND SUPPORTED LIVING AND EMPLOYMENT SERVICES. APPROXIMATELY 720 INDIVIDUALS RECEIVED KSS'S ADULT MENTAL HEALTH SERVICES DURING THE FISCAL YEAR. KEYSTONE AUTISM SERVICES (KAS) PROVIDES INDIVIDUALS WITH AUTISM SUPPORTS THROUGH ADULT COMMUNITY AUTISM PROGRAM (ACAP) AND ADULT/ADOLESCENT VOCATIONAL AUTISM INITIATIVE OF LEHIGH (AVAIL). ACAP SERVICES ARE TAILORED TO EACH INDIVIDUAL'S SPECIFIC NEEDS AND ARE DESIGNED IMPROVE SOCIAL SKILLS, SUPPORT VOCATIONAL AND LEISURE ACTIVITIES, AND ASSIST FAMILIES AND CAREGIVERS. APPROXIMATELY 191 ADULTS LIVING IN DAUPHIN, LANCASTER, CUMBERLAND AND CHESTER COUNTIES IN PENNSYLVANIA RECEIVED KAS'S ACAP SERVICES DURING THE FISCAL YEAR. AVAIL SERVES ADOLESCENTS AND YOUNG ADULTS BETWEEN THE AGES OF 12-35 IN LEHIGH COUNTY PENNSYLVANIA. SERVICES PROVIDED HELP INDIVIDUALS NAVIGATE CHANGE AND EXPLORE OPPORTUNITIES. APPROXIMATELY 66 INDIVIDUALS RECEIVED KAS'S AVAIL SERVICES DURING THE FISCAL YEAR.OPERATING IN THE STATE OF CONNECTICUT, KEY HUMAN SERVICES, INC. (KEY) EXPANDS KEYSTONE'S VISION OF COMMUNITY-BASED SUPPORT PROGRAMS. KEY PROVIDES A SELECTION OF SERVICES AND SUPPORTS INCLUDING COMMUNITY LIVING ARRANGEMENTS (GROUP HOMES), INDIVIDUAL AND FAMILY SUPPORTS, NURSING SERVICES, AND BIRTH TO THREE. INDIVIDUAL AND FAMILY SUPPORT INCLUDE AUTISM SERVICES, COMMUNITY TRAINING HOMES, INDIVIDUALIZED DAY SUPPORT, AND INDIVIDUALIZED HOME SUPPORT. KEY'S PURPOSE AND MISSION IS TO ACT AS A CHANGE AGENT FOR PEOPLE WITH DISABILITIES, CREATING OPPORTUNITIES THAT ENCOURAGE GROWTH AND MEANINGFUL LIFE CHOICES WHILE ASSISTING PERSONS IN FINDING HOME, HEALTH, FRIENDS, WORK, AND PRESENCE IN THEIR COMMUNITIES.OPERATING IN THE STATE OF NEW JERSEY, PARTNERSHIPS FOR PEOPLE, INC. (PPF) PROVIDES RESIDENTIAL AND COMMUNITY SUPPORTS, IN-HOME SUPPORTS, SUPPORTED EMPLOYMENT, LIFE SKILL MANAGEMENT, AND TRANSITIONAL SERVICES FOR INDIVIDUALS WITH DISABILITIES. APPROXIMATELY 67 INDIVIDUALS WERE SERVED IN PPF'S RESIDENTIAL AND COMMUNITY BASED SUPPORTS DURING THE FISCAL YEAR. PPF IS A LEADING PROVIDER OF INTELLECTUAL AND DEVELOPMENTAL DISABILITY SUPPORT IN NORTHERN AND CENTRAL NEW JERSEY.KEYSTONE PARTNERSHIP (KP) IS THE FUNDRAISING ORGANIZATION FOR KEYSTONE. THROUGHOUT THE FISCAL YEAR, FUNDS WERE RAISED ON BEHALF OF ALL KEYSTONE SUBSIDIARIES. SPECIFIC EFFORTS ARE DIRECTED TOWARDS THOSE PROGRAMS THAT ARE SIGNIFICANTLY DEPENDENT UPON PRIVATE DONATIONS TO FUND OPERATIONS. IN TOTAL, KP GENERATED OVER \$1.3 MILLION IN CONTRIBUTIONS FOR KEYSTONE DURING THE FISCAL YEAR. KP HELD ITS MAJOR ANNUAL FUNDRAISING EVENT "CHOCOLATEBALL" AT THE HERSHEY LODGE IN HERSHEY, PENNSYLVANIA FEBRUARY 2020.KEYSTONE HUMAN SERVICES INTERNATIONAL (KHSI) IS DEDICATED TO ADVANCING THE MISSION AND VISION OF KHS INTERNATIONALLY. THIS IS BEING ACCOMPLISHED THROUGH THE DEVELOPMENT OF KEYSTONE INSTITUTE INDIA (KII). OVER THE PAST FISCAL YEAR, KII HAS PUT ON EDUCATIONAL EVENTS AND CONSULTATIONS TO SERVE AS CATALYST FOR DEVELOPING A SERVICE SYSTEM IN INDIA. KII PROVIDES EXTENSIVE CONSOLATION AND EDUCATION AROUND DEVELOPING RESPONSIVE, EFFECTIVE, AND INCLUSIVE SUPPORTS FOR PEOPLE WITH DEVELOPMENT AND PSYCHOSOCIAL DISABILITY AND THEIR FAMILIES. ADDITIONALLY, KII IS WORKING TO DEVELOP AN INCLUSIVE SOCIETY, WHERE ALL PEOPLE BELONG AND ARE INVITED TO PARTICIPATE IN ALL THE COMMUNITY HAS TO OFFER. KHSI HAS AN INTERNATIONAL SUBSIDIARY, KEYSTONE HUMAN SERVICES INTERNATIONAL MOLDOVA ASSOCIATION (KHSIMA) LOCATED IN THE REPUBLIC OF MOLDOVA. KHSIMA IS A NONGOVERNMENTAL PUBLIC INSTITUTION, FUNDED BY KHSI. PARTNERING WITH NATIONAL AND LOCAL GOVERNMENTS AND ADVOCATES, KHSIMA WORKS TO REFORM THE SOCIAL PROTECTION SYSTEM AND DEVELOP SUSTAINABLE COMMUNITY-BASED SERVICES SO PEOPLE WITH DISABILITIES CAN LEAVE INSTITUTIONS AND LIVE VALUED LIVES IN THE COMMUNITY WITH FULL ACCESS TO THEIR HUMAN RIGHTS. DURING THE FISCAL YEAR, KHSIMA MANAGED INTEGRATED PROJECTS WHICH FOCUSED IN THE FOLLOWING AREAS: WORK TO ENSURE SAFETY AND HUMAN RIGHTS OF PERSONS WITH INTELLECTUAL AND PSYCHOSOCIAL DISABILITIES IN INSTITUTIONS (INCLUDING SUPPORT THROUGH COVID PANDEMIC); WORK TO BETTER SOCIAL SERVICES THROUGH SUSTAINABLE PARTNERSHIPS BETWEEN CIVIL SOCIETY AND GOVERNMENT OF MOLDOVA; SUPPORTS IN CIVIL SOCIETY ORGANIZATIONS WITH PPE EQUIPMENT DURING COVID; WORK TO REDUCE AND PREVENT RIGHTS VIOLATIONS OF PERSONS WITH DISABILITIES THROUGH WORK OF THE HOTLINE; SUPPORTS IN LOCAL PUBLIC AUTHORITIES, SERVICE STAFF, PERSONS WITH DISABILITIES AND THEIR FAMILIES IN THE SOCIAL INCLUSION PROCESS; REGISTERED ECOVOX GRUP SOCIAL ENTERPRISE COMPANY WITH A FOCUS ON INCREASING ORGANIZATION'S FINANCIAL SUSTAINABILITY. KEYSTONE CONTINUED TO MEET ESTABLISHED FINANCIAL OBJECTIVES AIMED AT STRENGTHENING THE FINANCIAL BASE TO ASSURE LONG TERM COMMITMENTS OF SERVICE CAN BE HONORED WHILE AT THE SAME TIME MAINTAINED HIGH QUALITY OF SERVICES PROVIDED.KHS AND ALL OF THE KEYSTONE SUBSIDIARIES RECEIVED UNMODIFIED OPINIONS, THE HIGHEST LEVEL OF ASSURANCE AVAILABLE OF THEIR FINANCIAL STATEMENTS BY INDEPENDENT INTERNATIONAL AUDITING FIRM. NO SIGNIFICANT CORRECTIONS OR INTERNAL CONTROL RELATED MATTERS WERE NOTED BY THE AUDITING FIRM.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
KEYSTONE HUMAN SERVICES

Employer identification number
25-1847902

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 6

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| See Additional Data Table | | | | | | |
| Total | 6 | | | | 14,540,759 | 0 |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|-----------|-----------|
| 7 | Amounts from line 4. . . | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on. . . | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|------------|---|-----------|--|
| 14 | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | |
| 16a | 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b | 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a | 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b | 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c | Add lines 7a and 7b. | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6. | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c | Add lines 10a and 10b. | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|------------|---|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 1 | | Yes | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | No |
| 2 | | | No |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | No |
| 3a | | | No |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| 3b | | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 3c | | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | No |
| 4a | | | No |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| 4b | | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 4c | | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | No |
| 5a | | | No |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| 5b | | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 5c | | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | No |
| 6 | | | No |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i> | | No |
| 7 | | | No |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | No |
| 8 | | | No |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | No |
| 9a | | | No |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | No |
| 9b | | | No |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | No |
| 9c | | | No |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | No |
| 10a | | | No |
| b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i> | | |
| 10b | | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|------------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| 11a | | | No |
| b | A family member of a person described in (a) above? | | |
| 11b | | | No |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |
| 11c | | | No |

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 1 | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |
| 2 | | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|----------|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |
| 1 | | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 1 | | Yes | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 2 | | Yes | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| 3 | | | No |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|-----------|--|-----|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| 2a | | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 2b | | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| 3a | | Yes | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| 3b | | Yes | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|--|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|---|---|--|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

| |
|-------------------------------------|
| Facts And Circumstances Test |
| |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|--|
| PART IV, SECTION A, LINE 1: | KEYSTONE HUMAN SERVICES HAS A HISTORIC AND CONTINUING RELATIONSHIP WITH ITS SUBSIDIARIES ESTABLISHED IN THE BY-LAWS OF BOTH THE KEYSTONE HUMAN SERVICES, THE PARENT, AND EACH OF THE SUBSIDIARIES. THE BY-LAWS OF KEYSTONE HUMAN SERVICES DEFINES IT AS THE PARENT OF SUBSIDIARY ORGANIZATIONS, DEFINING RESPONSIBILITIES AND OVERSIGHT OF ITS SUPPORTING RELATIONSHIP. THE BY-LAWS OF EACH SUBSIDIARY ORGANIZATION OF KEYSTONE HUMAN SERVICES SPECIFICALLY NAME KEYSTONE HUMAN SERVICES AS THE PARTICULAR SUBSIDIARY ORGANIZATION'S PARENT. |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|------------------------------|--|
| PART IV, SECTION E, LINE 3A: | KEYSTONE HUMAN SERVICES (KHS OR "THE ORGANIZATION") IS THE SOLE MEMBER OF KEYSTONE SERVICE SYSTEMS, INC. (KSS), KEY HUMAN SERVICES, INC. (KEY), TRI-COUNTY SOCIETY FOR CHILDREN AND ADULTS, INC. DOING BUSINESS AS KEYSTONE PARTNERSHIP (KP), KEYSTONE AUTISM SERVICES (KAS), KEYSTONE HUMAN SERVICES INTERNATIONAL (KHSI), AND PARTNERSHIPS FOR PEOPLE, INC. (PFP). THE BOARD OF KHS, IN ITS ROLE AS PARENT ORGANIZATION, APPOINTS THE BOARDS OF ALL SUBSIDIARY CORPORATIONS. |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|------------------------------|---|
| PART IV, SECTION E, LINE 3B: | KEYSTONE HUMAN SERVICES (KHS OR "THE ORGANIZATION") SETS POLICY AND STRATEGY, AND HAS OVERSIGHT OF ALL ENTITIES ASSOCIATED WITH THE ORGANIZATION. |

Additional Data

Software ID:

Software Version:

EIN: 25-1847902

Name: KEYSTONE HUMAN SERVICES

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|-----------|--|---|----|---|---|
| | | | Yes | No | | |
| KEYSTONE SERVICE SYSTEMS INC | 231915567 | 7 | Yes | | 13,267,759 | 0 |
| KEY HUMAN SERVICES | 061259340 | 7 | Yes | | 525,000 | 0 |
| TRI-COUNTY SOCIETY FOR CHILDREN & ADULTS INC | 231405636 | 7 | Yes | | 37,000 | 0 |
| KEYSTONE HUMAN SERVICES INTERNATIONAL INC | 251813977 | 7 | Yes | | 25,000 | 0 |
| KEYSTONE AUTISM SERVICES INC | 261454616 | 7 | Yes | | 650,000 | 0 |
| PARTNERSHIPS FOR PEOPLE INC | 222506702 | 7 | Yes | | 36,000 | 0 |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|---|--|
| Name of the organization KEYSTONE HUMAN SERVICES | Employer identification number 25-1847902 |
|---|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- Political campaign activity expenditures (see instructions) ▶ \$ _____
- Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____
- Did the filing organization file **Form 1120-POL** for this year? Yes No
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

| | (a) Filing organization's totals | (b) Affiliated group totals |
|---|----------------------------------|-----------------------------|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | 108,000 | |
| c Total lobbying expenditures (add lines 1a and 1b) | 108,000 | |
| d Other exempt purpose expenditures | 15,622,389 | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 15,730,389 | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 936,519 | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | 234,130 | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | 0 | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | 0 | |

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|--|
| Not over \$500,000 | 20% of the amount on line 1e. |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. |
| Over \$17,000,000 | \$1,000,000. |

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | 744,928 | 837,395 | 862,224 | 936,519 | 3,381,066 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 5,071,599 |
| c Total lobbying expenditures | 102,190 | 107,500 | 108,000 | 108,000 | 425,690 |
| d Grassroots nontaxable amount | 186,232 | 209,349 | 215,556 | 234,130 | 845,267 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,267,901 |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|--|--|
| PART II-A, LINE 2 - EXPLAIN WHY ALL 5 COLUMNS ARE NOT REQUIRED | ON JULY 9, 2012, KEYSTONE HUMAN SERVICES FILED FORM 5768 ELECTION/REVOCATION OF ELECTION BY AN ELIGIBLE SECTION 501(C)(3) ORGANIZATION TO MAKE EXPENDITURES TO INFLUENCE LEGISLATION. THEREFORE, THE YEAR ENDED JUNE 30, 2013 WAS THE FIRST YEAR FOR WHICH KHS'S SECTION 501(H) ELECTION IS EFFECTIVE. |

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization KEYSTONE HUMAN SERVICES

Employer identification number 25-1847902

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor/donor advisor notification.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure) and a table for conservation easement statistics (2a-2d).

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art and historical treasures and amounts received or held for financial gain.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 276,200 | | 276,200 |
| b Buildings | | 5,920,052 | 866,198 | 5,053,854 |
| c Leasehold improvements | | 717,993 | 60,792 | 657,201 |
| d Equipment | | 3,013,247 | 1,903,587 | 1,109,660 |
| e Other | | 173,088 | | 173,088 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 7,270,003 |

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) BENEFICIAL INTERST IN P-SHIP | 384,146 |
| (2) DEFERRED COMPENSATION INVESTMENT | 2,119,968 |
| (3) INVESTMENT IN NET ASSETS OF SUBSIDIARIES | 46,934,358 |
| (4) ANNUITY | 110,000 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 49,548,472 |

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|-------------------|
| (1) Federal income taxes | |
| (2) DEFERRED COMPENSATION LIABILITY | 2,119,968 |
| (3) OTHER LT LIABILITY | 85,161 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 2,205,129 |

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | |

Part 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 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | |

Part XIII Supplemental Information

Provide 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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:

Software Version:

EIN: 25-1847902

Name: KEYSTONE HUMAN SERVICES

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2: | THE ORGANIZATION AND ITS SUBSIDIARIES QUALIFY AS A TAX-EXEMPT ORGANIZATION UNDER THE PROVISIONS OF THE INTERNAL REVENUE CODE SECTION 501(C)(3) AND THEIR INCOME IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. THE ORGANIZATION'S ACCOUNTING POLICY FOR EVALUATING UNCERTAIN TAX POSITIONS IS TO RECOGNIZE TAX POSITIONS IF THEY EXPECT TO BE ULTIMATELY REALIZED. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY UNRECOGNIZED TAX BENEFITS OR LIABILITES THAT SHOULD BE RECORDED. |

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

| | |
|---|--|
| Name of the organization KEYSTONE HUMAN SERVICES | Employer identification number 25-1847902 |
|---|--|

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|-----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | 2 | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | |
| <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes |
| c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 4c | No |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | No |
| b Any related organization? If "Yes," on line 5a or 5b, describe in Part III. | 5b | No |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | 6a | No |
| b Any related organization? If "Yes," on line 6a or 6b, describe in Part III. | 6b | No |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | 7 | No |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | 8 | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 CHARLES J HOOKER III PRESIDENT & CEO | (i) | 530,397 | 0 | 22,810 | 114,977 | 12,089 | 680,273 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 ROBERT BAKER VICE PRESIDENT | (i) | 262,986 | 0 | 20,980 | 22,703 | 6,973 | 313,642 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 CHARLES SWEEDER VICE PRESIDENT, FINANCE | (i) | 258,454 | 0 | 19,450 | 22,848 | 13,915 | 314,667 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 JENNIFER ALLISON VICE PRESIDENT, HR | (i) | 242,064 | 0 | 20,290 | 20,397 | 11,729 | 294,480 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 L JOHN JABOUR VICE PRESIDENT, IT | (i) | 217,496 | 0 | 20,290 | 5,200 | 8,498 | 251,484 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 KRISTINE KOONTZ VP, QUALITY & CLINICAL SER | (i) | 151,265 | 0 | 19,690 | 5,703 | 8,498 | 185,156 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 MICHELE S CHANG VP COMPLIANCE/INTEGRITY (B | (i) | 167,264 | 0 | 450 | 1,623 | 10,618 | 179,955 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 ELIZABETH NEUVILLE ED, THE KEYSTONE INSTITUTE | (i) | 151,857 | 0 | 1,228 | 1,413 | 0 | 154,498 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 KRISTOPHER WEAVER VICE PRESIDENT DEVELOPMENT | (i) | 150,038 | 0 | 6,208 | 1,552 | 10,815 | 168,613 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|-------------------------|---|
| ADDITIONAL INFORMATION: | <p>KEYSTONE HUMAN SERVICES (KHS) SERVES AS THE PARENT ORGANIZATION TO THE FOLLOWING SUBSIDIARY ORGANIZATIONS: KEYSTONE SERVICE SYSTEMS, INC. (KSS), KEY HUMAN SERVICES INC. (KEY), KEYSTONE AUTISM SERVICES (KAS), KEYSTONE PARTNESHIP (KP), PARTNERSHIPS FOR PEOPLE INC (PFP), AND KEYSTONE HUMAN SERVICES INTERNATIONAL (KHSI). THE KHS BOARD OF DIRECTORS ESTABLISHED AN INDEPENDENT COMPENSATION COMMITTEE WHICH DETERMINES AND APPROVES THE COMPENSATION FOR ALL OFFICERS. IN DETERMINING AND APPROVING THE COMPENSATION PACKAGES, THE COMPENSATION COMMITTEE UTILIZES AN INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, AND COMPENSATION STUDY. NOTE: BENEFITS INCLUDE ACCRUED EXPENSE PURSUANT TO IRS 457B AND 457F DEFERRED COMPENSATION RETIREMENT PLANS. EXECUTIVE COMPENSATION IS ALLOCATED TO SPECIFIC PROGRAM AREAS PURSUANT TO REGULATORY AND/OR CONTRACT CAPS ON PARTICIPATION IN EXECUTIVE COMPENSATION.</p> |

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) IAN HOOKER EMPLOYEE | FAMILY RELATION TO CHARLES HOOKER, PRESIDENT & CEO | 49,959 | EMPLOYMENT | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
| | |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization
KEYSTONE HUMAN SERVICES

Employer identification number

25-1847902

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------|--|
| FORM 990, PART V, LINE 1C: | THE ORGANIZATION DID NOT HAVE ANY INSTANCES WHERE BACKUP WITHHOLDING WAS REQUIRED; HOWEVER, IF THE SITUATION WOULD ARISE, THE ORGANIZATION IS AWARE OF THE REPORTING REQUIREMENTS AND WOULD HANDLE THAT ACCORDINGLY. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION A, LINE 6 | KEYSTONE HUMAN SERVICES IS A "MEMBER" FOR ALL ENTITIES. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 7A | DIRECTORS SHALL BE APPOINTED BY THE PARENT FOR A TERM OF ONE YEAR COMMENCING THE FIRST DAY OF JANUARY. DIRECTORS MAY SERVE A MAXIMUM OF NINE CUMULATIVE YEARS, EXCLUDING YEARS IN SERVICE AS AN OFFICER OF THE BOARD OR AS AN OFFICER OF THE PARENT. VACANCIES OCCURRING BETWEEN MEETINGS OF THE BOARD OF DIRECTORS OF THE PARENT MAY BE FILED BY THE BOARD OF DIRECTORS OF THE CORPORATION SUBJECT TO RATIFICATION OF THE PARENT FOR THE UNEXPIRED TERM. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 11B | <p>THE KHS BOARD HAS GOVERNANCE RESPONSIBILITY FOR THE ENGAGEMENT OF INDEPENDENT AUDITORS AND ACCEPTANCE OF THE AUDIT REPORT FOR KHS AND ALL SUBSIDIARIES. THE KEYSTONE HUMAN SERVICES AUDIT COMMITTEE IS ESTABLISHED TO PROVIDE MANAGEMENT OF THE AUDIT PROCESS AND THE ORGANIZATION'S SYSTEM OF INTERNAL CONTROLS. INTERNAL CONTROL IS COMPRISED OF ALL POLICIES AND PROCEDURES DESIGNED TO ASSURE THE INTEGRITY OF FINANCIAL AND OPERATIONAL ACCOUNTABILITY. FINANCIAL ACCOUNTABILITY COMPRISES POLICIES, PROCEDURES RELATING TO THE FINANCIAL MANAGEMENT FUNCTIONS DESIGNED TO ASSURE THAT FINANCIAL TRANSACTIONS WHICH FLOW FROM THE SERVICES PROVIDED ARE EXECUTED AND REPORTED IN COMPLIANCE WITH ALL APPLICABLE REGULATIONS. THIS INCLUDES THAT ACCOUNTING RECORDS AND RELATED FINANCIAL REPORTS ARE ACCURATE REPRESENTATIONS OF THE EXECUTED TRANSACTIONS. IN ACCORDANCE WITH THE FOREGOING RESPONSIBILITY OF THE KHS AUDIT COMMITTEE AND IN COMPLIANCE WITH THE NEW FORM 990 GOVERNANCE IMPLICIT RECOMMENDATION, THE FORM 990 OF EACH KHS ENTITIES WILL BE REVIEWED PRIOR TO FILING. SALARY NOTE REGARDING PRESIDENT AND OFFICERS: BENEFITS INCLUDE ACCRUED EXPENSE PURSUANT TO IRS 457B AND 457F DEFERRED COMPENSATION RETIREMENT PLANS. EXECUTIVE COMPENSATION IS ALLOCATED TO SPECIFIC PROGRAM AREAS PURSUANT TO REGULATORY AND/OR CONTRACT CAPS ON PARTICIPATION IN EXECUTIVE COMPENSATION.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>POLICY: IT IS THE POLICY OF KHS AND ALL OF ITS SUBSIDIARIES THAT NO DIRECTOR OR OFFICER SHALL PROFIT FINANCIALLY OR APPEAR TO PROFIT FINANCIALLY (BEYOND APPROVED COMPENSATION) AS A RESULT OF THEIR ASSOCIATION WITH KHS. IT IS KHS'S INTENT TO ENGAGE IN FINANCIAL TRANSACTIONS WITH DIRECTORS AND OFFICERS ONLY WHEN IT IS CLEARLY WITHIN THE BEST INTERESTS OF KHS TO DO SO OR WHEN THE TRANSACTIONS ARE BOTH NON-MATERIAL AND NON-ADVERSE TO KHS. PROCEDURES: SERVICE WITH COMPETING ORGANIZATIONS: IN ORDER TO PROTECT KHS FROM THE RISK OF UNFAIR COMPETITIO OR ANTI-TRUST LIABILITIES, PAID DIRECTORS AND OFFICERS SHALL NOT SERVE AS DIRECTORS OF COMPETING ORGANZIATIONS THAT DO BUSINESS OR REGULARLY SUBMIT COMPETITIVE PROPOSALS IN AREAS WHERE KHS IS ACTIVE. IF A VOLUNTEER DIRECTOR OR OFFICER SERVES AS A DIRECTOR OF A COMPETING ORGANIZATION, THAT ROLE SHALL BE DISCLOSED TO THE VICE PRESIDENT OF COMPLIANCE AND CORPORATE INTEGRITY AND THE BOARD OF DIRECTORS OF EACH OF THE ORGANZIATIONS AND THAT DIRECTOR OR OFFICER SHALL ABSTAIN FROM DISCUSSIONS AND VOTING ON ISSUES APPLICABLE TO BOTH ORGANIZATIONS. CONFIDENTIAL INFORMATION: DIRECTORS AND OFFICERS MAY HAVE ACCESS TO CONFIDENTIAL INFORMATION ABOUT PERSONS SERVED AND EMPLOYEES. DIRECTORS AND OFFICERS SHALL NOT DIVULGE ANY SUCH INFORMATION TO UNAUTHORIZED PERSONS AND SHALL NOT PUBLISH, DISCUSS, OR OTHERWISE MAKE PUBLIC OR DISCLOSE ANY SUCH CONFIDENTIAL INFORMATION. PROPRIETARY INFORMATION: INFORMATION NOT OTHERWISE MADE PUBLIC BUT DISCLOSED TO DIRECTORS AND OFFICERS ABOUT KHS'S PARTICULAR PROCESSES, SERVICES, PROPOSALS, OPERATIONS, METHODOLOGIES, PLANS, POLICIES, AND PROGRAMS IS PROPRIETARY, PRIVILEGED AND/OR CONFIDENTIAL. EXCEPT AS REQUIRED BY THEIR DUTIES, AND IS AUTHORIZED BY THE CORPORATE PRESIDENT AND/OR CHIEF EXECUTIVE OFFICER, NO CURRENT OR PAST DIRECTORS OR OFFICERS MAY DIRECTLY OR INDIRECTLY USE, DISSEMINATE, DISCLOSE, LECTURE UPON, OR PUBLISH INFORMATION CONCERNING ANY SUCH PRIVILEGED, PROPRIETARY AND/OR CONFIDENTIAL INFORMATION OR KNOWLEDGE. IN THE EVENT A DIRECTOR OR OFFICER DOES NOT FOLLOW THE PROCEDURES AS OUTLINED ABOVE THERE MAY BE TERMINATION OF THE APPOINTMENT TO THE BOARD OR OF EMPLOYEMENT. DISCLOSURE: DIRECTORS AND OFFICERS SHALL TIMELY DISCLOSE IN WRITING TO THE VICE PRESIDENT OF COMPLIANCE & CORPORATE INTEGRITY, ALL CIRCUMSTANCES THAT CONSTITUTE AN ACTUAL, POTENTIAL OR PERCEIVED CONFLICT OF INTEREST. IN ADDITION, THE COMPLIANCE DEPARTMENT WILL CIRCULATE THE ANNUAL DISCLOSURE STATEMENT. ALL BOARD MEMBERS, DIRECTORS AND OFFICERS MUST COMPLETE THE STATEMENT UPON AFFILIATION WITH THE ORGANZIATION AND ANNUALLY THEREAFTER. DISCLOSURE STATEMENTS SHALL BE COMPLETED ANNUALLY AND FORWARDED TO THE CORPORATE COMPLIANCE DEPARTMENT.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>THIS POLICY ESTABLISHES THE INTENTION OF KEYSTONE HUMAN SERVICES (KHS) TO PROVIDE REASONABLE REMUNERATION TO THE KHS PRESIDENT AND DESIGNATED OFFICERS IN THEIR LEADERSHIP ROLES FOR A LARGE, COMPREHENSIVE NON-PROFIT CORPORATION PROVIDING HUMAN SERVICES. POLICY: IT IS THE POLICY OF KHS TO USE A COMPENSATION SYSTEM FOR THE KHS PRESIDENT AND OFFICERS THAT WILL DETERMINE THE CURRENT MARKET VALUE OF A POSITION BASED ON THE SKILLS, KNOWLEDGE AND BEHAVIORS REQUIRED OF A FULLY COMPETENT INCUMBENT. THE SYSTEM USED WILL BE AFFORDABLE, OBJECTIVE AND NON-DISCRIMINATORY IN THEORY, APPLICATION AND PRACTICE AND BE IN COMPLIANCE WITH FEDERAL IRS "INTERMEDIATE SANCTIONS" REGULATIONS. PROCEDURES: KHS WILL USE A PROFESSIONAL COMPENSATION CONSULTANT AND SYSTEM RECOMMENDED BY EXECUTIVE MANAGEMENT AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF THE DIRECTORS. THE COMMITTEE, OPERATING IN THEIR FIDUCIARY CAPACITY, WILL BALANCE EXECUTIVE PERFORMANCE, MARKET DATA, AND AFFORDABILITY INTO ANY DECISION INVOLVING EXECUTIVE REMUNERATION. TOTAL COMPENSATION ANALYSIS: COMPETITIVENESS OF THE PRESIDENT AND OFFICER'S TOTAL REMUNERATIONS (ALL ELEMENTS OF COMPENSATION AND BENEFITS) IS COMPARED TO THE MARKET MEDIAN FOR BOTH BASE SALARY AND TOTAL CASH COMPENSATION WHEN COMPARED TO SIMILAR EXECUTIVE ROLES. THE ANALYSIS PROCESS INCLUDES POSITION PRICING BY TITLE MATCH AND JOB SIZE. THE ABOVE MARKET APPROACH RESULTS WILL BE BLENDED TO DEVELOP A MARKET REFERENCE THAT REFLECTS COMPONENTS OF BOTH COMPLEXITY OF THE POSITIONS AND THE TITLE/ORGANIZATIONAL SIZE. RESPONSIBILITIES: ON A PERIODIC BASIS THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE, AS APPROPRIATE, RECOMMENDED CHANGES IN REMUNERATION BASED ON MARKET ANALYSIS, EXECUTIVE PERFORMANCE AND ORGANIZATION AFFORDABILITY. AS PART OF THE PROCESS, THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE, AS APPLICABLE, TOTAL COMPENSATION RANGE, WHICH WOULD INCLUDE BASE SALARY, TOTAL CASH, DEFERRED COMPENSATION, BENEFIT PLANS AND PREREQUISITES. THE BOARD SHALL SET THE POSITION LEVEL, SALARY AND BENEFIT COMPONENTS OF THE TOTAL COMPENSATION PACKAGE OF THE PRESIDENT. THE PRESIDENT SHALL SET THE POSITION LEVEL, SALARY AND BENEFITS COMPONENTS OF THE TOTAL COMPENSATION PACKAGE OF OFFICERS DESIGNATED BY THE BOARD OF DIRECTORS. IN THE EVENT FUNDING IS REDUCED, NOT AVAILABLE, CONTRACTS ARE LOST OR A COMPENSATION SURVEY INDICATED THE INDIVIDUAL IS RECEIVING SALARY AND BENEFITS THAT EXCEED MARKET LEVEL, THE SALARY AND BENEFITS MAY BE FROZEN OR REDUCED. EXECUTIVE SALARY AND BENEFITS WILL BE ALLOCATED AND CHARGED TO APPROPRIATE COST CENTERS AT A LEVEL THAT IS CONSISTENT WITH ALL REGULATORY AND CONTRACTUAL OBLIGATIONS AND APPLICABLE COST ALLOCATION PLANS. OFFICERS: OFFICERS ARE EXECUTIVE POSITIONS IDENTIFIED AND APPROVED BY THE KHS BOARD OF DIRECTORS. BOARD COMPENSATION COMMITTEE: A COMMITTEE CONSISTING OF BOARD MEMBERS WHO ARE NOT EMPLOYEES OF KEYSTONE HUMAN SERVICES AND NOT CLASSIFIED AS DISQUALIFIED</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 15 | IED PERSONS PURSUANT TO INTERNAL REVENUE SERVICE REGULATIONS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION C, LINE 19 | THE COMPANY MISSION STATEMENT IS WIDELY PUBLICIZED AND READILY AVAILABLE; HOWEVER, OTHER GOVERNING DOCUMENTS INCLUDING THE CONFLICT OF INTEREST POLICY ARE NOT. THE INTERNAL REVENUE FORM 990 IS AVAILABLE UPON REQUEST. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990, PART XI, LINE 9: | CHANGE IN CONTROLLING INTEREST IN THE NET ASSETS OF AFFILIATES CONTROLLING INTEREST IN NET ASSETS 8,918,656. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|---|
| FORM 990, PART XII, LINE 2C: | OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS: THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS OVERSEES THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND MAKES RECOMMENDATIONS TO THE BOARD AS A WHOLE FOR SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
KEYSTONE HUMAN SERVICES

Employer identification number

25-1847902

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (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 | (g) Section 512(b)(13) controlled entity? | |
|---|--|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) KEYSTONE SERVICE SYSTEMS INC 4391 STURBRIDGE DRIVE HARRISBURG, PA 17110 23-1915567 | HUMAN SERVICES | PA | 501(C)(3) | 509(A)(1) | N/A | | No |
| (2) TRI-COUNTY SOCIETY FOR CHILDREN & ADULTS 4391 STURBRIDGE DRIVE HARRISBURG, PA 17110 23-1405636 | FUNDRAISING | PA | 501(C)(3) | 509(A)(1) | N/A | | No |
| (3) KEYSTONE HUMAN SERVICES INTERNATIONAL INC 4391 STURBRIDGE DRIVE HARRISBURG, PA 17110 25-1813977 | INTERNATIONAL HUMAN SERVICES | PA | 501(C)(3) | 509(A)(1) | N/A | | No |
| (4) KEYSTONE AUTISM SERVICES 4391 STURBRIDGE DRIVE HARRISBURG, PA 17110 26-1454616 | PROVIDING SERVICES TO ADULTS WITH AUTISM | PA | 501(C)(3) | 170(B)(1)(A)(VI) | N/A | | No |
| (5) KEY HUMAN SERVICES 1290 SILAS DEANE HIGHWAY SUITE 1A WETHERSFIELD, CT 06109 06-1259340 | HUMAN SERVICES | CT | 501(C)(3) | 509(A)(2) | N/A | | No |
| (6) PARTNERSHIPS FOR PEOPLE INC 23 VREELAND ROAD SUITE 120 FLORHAM PARK, NJ 07932 22-2506702 | HUMAN SERVICES | NJ | 501(C)(3) | 170(B)(1)(A)(VI) | N/A | | No |
| | | | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (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) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | | Yes | No |
|--|---|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | No |
| b | Gift, grant, or capital contribution to related organization(s) | | No |
| c | Gift, grant, or capital contribution from related organization(s) | | No |
| d | Loans or loan guarantees to or for related organization(s) | Yes | |
| e | Loans or loan guarantees by related organization(s) | Yes | |
| f | Dividends from related organization(s) | | No |
| g | Sale of assets to related organization(s) | | No |
| h | Purchase of assets from related organization(s) | | No |
| i | Exchange of assets with related organization(s) | | No |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | No |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l | Performance of services or membership or fundraising solicitations for related organization(s) | | No |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | Yes | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | Yes | |
| o | Sharing of paid employees with related organization(s) | Yes | |
| p | Reimbursement paid to related organization(s) for expenses | | No |
| q | Reimbursement paid by related organization(s) for expenses | Yes | |
| r | Other transfer of cash or property to related organization(s) | | No |
| s | Other transfer of cash or property from related organization(s) | | No |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
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Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

| Return Reference | Explanation |
|-------------------------|--------------------|
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