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Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Keystone Human Services International 124 Pine Street Harrisburg, PA 17101	D Employer Identification Number 25-1813977
		E Telephone number 717-232-7509
		G Gross receipts \$ 1,095,226.
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all affiliates included? <input type="checkbox"/> Yes If 'No,' attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ► www.keystonehumanservices.org	H(c) Group exemption number ►
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of Formation 2003	M State of legal domicile PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>Keystone Human Services International (KHSI) is dedicated to advancing the Mission and Vision of Keystone Human Services (Parent) internationally. The struggle of children, adults and families living with mental health problems and/or intellectual disabilities is universal.</u>	Prior Year	Current Year
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
3 Number of voting members of the governing body (Part VI, line 1a)	3 13		
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 10		
5 Total number of employees (Part V, line 2a)	5 0		
6 Total number of volunteers (estimate if necessary)	6 0		
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.		
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	8 702,854.	
	9 Program service revenue (Part VIII, line 2g)	9 269,523.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 272,795.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 392,372.	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 542,318. 1,095,226.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	14	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 39,154. 523,962.	
	16a Professional fundraising fees (Part IX, column (A), line 11e) <i>RECEIVED 18 MAY 2011 IRS-OSC</i>	16a	
	b Total fundraising expenses (Part IX, column (D), line 25) ►	16b 488,120. 540,700.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24)	17 527,274. 1,064,662.	
	18 Total expenses Add lines 13-17 (must equal Part X, column (A), line 25)	18 15,044. 30,564.	
	19 Revenue less expenses. Subtract line 18 from line 12	19	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	20 Beginning of Year 301,890. End of Year 361,583.	
	21 Total liabilities (Part X, line 26)	21 247,242. 276,376.	
	22 Net assets or fund balances Subtract line 21 from line 20	22 54,648. 85,207.	

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 <i>Charles S. Sweeder</i>	Date 5-11-11
	► Charles S. Sweeder Type or print name and title	VP Finance

SCANNED JUN 15 2010

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self employed), address, and ZIP + 4 ► Keystone Service System, INC 124 Pine Street Harrisburg, PA 17101	EIN ► N/A	Phone no ► (717) 232-7509	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If 'Yes,' describe these new services on Schedule O. Yes No3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If 'Yes,' describe these changes on Schedule O Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 602,010. including grants of \$ _____) (Revenue \$ _____)

See Schedule O

4b (Code _____) (Expenses \$ 212,233. including grants of \$ _____) (Revenue \$ _____)

See Schedule O

4c (Code: _____) (Expenses \$ 120,419. including grants of \$ _____) (Revenue \$ _____)

See Schedule O

4d Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 934,662.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

4 **Section 501(c)(3) organizations** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V

11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI
- Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII
- Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX
- Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part XI

12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII

12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III
- 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

	Yes	No
1	X	
2	X	
3	X	
4	X	
5		
6	X	
7	X	
8	X	
9	X	
10	X	
11	X	
12	X	
12 A	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28c	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	29	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	30	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	31	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	32	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	33	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	34	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	35	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	36	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	37	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	38	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</i>	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If 'Yes,' enter the name of the foreign country ► <u>Moldova</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	5a	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	6a	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6b	
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	7a	X
7	Organizations that may receive deductible contributions under section 170(c).	7b	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7f	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	9a	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:	11a	
a	Gross income from other members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12a	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b	
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	13	
1b	Enter the number of voting members that are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders? See Schedule O	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

	Yes	No
10a		X
10b		
11	X	
11A		
12a	X	
b		
c		
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

► Charles S. Sweeder 124 Pine Street Harrisburg PA 17101 717-232-7509

Part VII: Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
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 Use Schedule J-2 if additional space is needed

- 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 See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(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	
		or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated	Former		
Dennis W. Felty										
President	2	X		X					19,778.	281,558.
Charles J. Hooker, III										
Director	2	X		X					54,822.	176,837.
Roger W. Burns										
Director	2	X		X					6,008.	190,956.
Mel Knowlton										
Director	2	X							0.	0.
Dr. Robert Colman										
Director	2	X							0.	0.
Donald Witman										
Chairman	2	X							0.	0.
Charles DeHart, III, Esq.										
Corp Counsel	2	X							0.	0.
Paul Wenger										
Director	2	X							0.	0.
Paul R. Smith										
Vice Chairman	2	X							0.	0.
Marianne Fischer										
Director	2	X							0.	0.
Allen Ausman										
Director	2	X							0.	0.
Joyce Davis										
Director	2	X							0.	0.
JoAnn Curado										
Director	2	X							0.	0.
Christian Kunkel										
Director	2	X							0.	0.
Beverly J. Buford										
CIO	2			X					992.	156,395.
Robert J. Baker										
VP Operations	2			X					3,009.	200,161.
Jennifer Allison										
VP Human Res	2			X					1,015.	137,964.

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

(A) Name and Title	(B) Average hours per week	(c) Position (check all that apply)				(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	Former		
Ann H. Moffitt VP Comm Rel	2			X			758.	120,312.	1,183.
Janet K. Kelley VP Clinical Ser	2			X			2,867.	171,741.	1,650.
Charles S. Sweeder VP Finance	2			X			1,067.	142,134.	1,568.

1b Total							90,316.	1,578,058.	166,468.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

	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	3	X
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	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	X

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

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	681, 492.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	21, 362.			
	g Noncash contribns included in lns 1a-1f		\$ 18, 710.			
	h Total. Add lines 1a-1f			702, 854.		
PROGRAM SERVICE REVENUE	2a Grants	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	3 Investment income (including dividends, interest and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents	(i) Real	(ii) Personal				
b Less. rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c).						
See Part IV, line 18	a					
b Less. direct expenses	b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a Transfer from Affiliate	900099	373, 075.	373, 075.			
b Beneficial Interest in KP	900099	19, 297.	19, 297.			
c						
d All other revenue						
e Total. Add lines 11a-11d		392, 372.				
12 Total revenue. See instructions		1, 095, 226.	392, 372.	0.	0.	

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	90,316.	0.	90,316.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	353,215.	353,215.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,336.	1,336.		
9 Other employee benefits	79,095.	79,095.		
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	8,181.	8,181.		
c Accounting	16,671.	16,671.		
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion	278.	278.		
13 Office expenses	29,348.	29,348.		
14 Information technology	16,021.	16,021.		
15 Royalties				
16 Occupancy	37,412.	37,412.		
17 Travel	76,636.	76,636.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	12,693.	12,693.		
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>Supplies</u>	108,245.	108,245.		
b <u>Staff Development</u>	47,007.	47,007.		
c <u>Purchase Personnel</u>	46,545.	46,545.		
d <u>Corporate Admin Allocation</u>	39,684.		39,684.	
e <u>Furniture & Fixtures</u>	26,979.	26,979.		
f All other expenses	75,000.	75,000.		
25 Total functional expenses Add lines 1 through 24f	1,064,662.	934,662.	130,000.	0.
26 Joint costs. Check here □ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	217,032.	1	77,964.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	173,096.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 102,004.		
	b Less. accumulated depreciation	10b 50,238.	2,219. 10c	51,766.
	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	82,639.	15	58,757.
	16 Total assets Add lines 1 through 15 (must equal line 34)	301,890.	16	361,583.
LIABILITIES	17 Accounts payable and accrued expenses	70,968.	17	206,604.
	18 Grants payable		18	
	19 Deferred revenue	176,274.	19	69,772.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	247,242.	26	276,376.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	54,648.	27	26,450.
	28 Temporarily restricted net assets		28	58,757.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	54,648.	33	85,207.
	34 Total liabilities and net assets/fund balances.	301,890.	34	361,583.

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Form 990 (2009)

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

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

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.

Separate basis Consolidated basis Both consolidated and separate basis

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		X
2b	X	
2c	X	
3a		X
3b		

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Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

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.

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number

Keystone Human Services International

25-1813977

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 11, 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.)
3 A hospital or 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 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.)
10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III – Functionally integrated d Type III – Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
g 1000

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g (i)	
(ii) a family member of a person described in (i) above?	11g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g (iii)	

h. Provide the following information about the supported organizations

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

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BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions to Form 550 or 550-22.

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support**Calendar year (or fiscal year beginning in) ▶**

- 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') **29,290.**
- 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf
- 3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge
- 4 **Total.** Add lines 1-through 3 **29,290.**
- 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

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	29,290.	41,828.	618,505.	269,523.	702,854.	1,662,000.
2						0.
3						0.
4	29,290.	41,828.	618,505.	269,523.	702,854.	1,662,000.
5						0.
6						1,662,000.

Section B. Total Support**Calendar year (or fiscal year beginning in) ▶**

- 7 Amounts from line 4 **29,290.**
- 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 IV.)
- 11 **Total support.** Add lines 7 through 10
- 12 Gross receipts from related activities, etc. (see instructions) **12**

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	29,290.	41,828.	618,505.	269,523.	702,854.	1,662,000.
8						0.
9						0.
10						0.
11						1,662,000.
12					12	0.

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. ▶

Section C. Computation of Public Support Percentage

- 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) **14** **100.0 %**
- 15 Public support percentage from 2008 Schedule A, Part II, line 14 **15** **100.0 %**
- 16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶
- b **33-1/3 support test – 2008.** 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. ▶
- 17a **10%-facts-and-circumstances test – 2009** 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶
- b **10%-facts-and-circumstances test – 2008.** 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶
- 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 ▶

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Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►

1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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.)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
6 Total.						
7a						
b						
c						
8 Public support						
7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

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 IV.)

13 Total support. (add lines 9, 10c, 11, and 12)

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9						
10a						
b						
c						
11						
12						
13 Total support.						

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 2009 (line 8, column (f) divided by line 13, column (f)) 15 %

16 Public support percentage from 2008 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 %

18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 %

19a 33-1/3 support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047

2009**Open to Public
Inspection**

Name of the organization

Employer identification number

Keystone Human Services International

25-1813977

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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 XIV

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 organization answered 'Yes' to 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 XIV and complete the following table.

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to 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 year end balance held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

Yes	No
3a(i)	
3a(ii)	
3b	

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings		4,241.	998.	3,243.
c Leasehold improvements		26,714.	18,157.	8,557.
d Equipment		55,272.	23,469.	31,803.
e Other		15,777.	7,614.	8,163.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ►

51,766.

BAA

Schedule D (Form 990) 2009

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) **N/A**

Part IX Other Assets (See Form 990, Part X, line 15)

Total (Column (b) must equal Form 990, Part X, col (B), line 15)

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	

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

2. FIN 48 Footnote. In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,095,226.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,064,662.
3	Excess or (deficit) for the year Subtract line 2 from line 1	30,564.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	30,564.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,095,226.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,095,226.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	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	1,095,226.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	1,064,662.
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 XIV)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,064,662.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	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	1,064,662.

Part XIV **Supplemental Information**

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV **Supplemental Information (continued)**

**Schedule F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545 0047

2009Open to Public
Inspection

Name of the organization

Keystone Human Services International

Employer identification number

25-1813977

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Azerbaijan	0	0	Program Services	Human services	49,537
				consultation for	
				children and	
				families	
Moldova	1	36	Program services	Human services	602,010.
				for children and	
				families	
Russia	1	12	Program services	Human services	120,419.
				for children and	
				families	
Totals	► 2	48			771,966.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) (2009)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed.

2 Enter total number of recipient organizations listed above that are receiving grants or counsel has provided a section 50 (c)(3) equivalency letter

as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the

grantee or counsel has provided a section 501(c)(3) certificate.

30

Part III Grants and Other Assistance to Individuals Outside the United States. Complete Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

Part IV . Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Keystone Human Services International

Employer identification number

25-1813977

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (e.g., maid, chauffeur, chef)

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7	X	
8	X	
9	X	

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

Compensation committee
 Independent compensation consultant
 Form 990 of other organizations

Written employment contract
 Compensation survey or study
 Approval by the board or compensation committee

4 During the year, did any person listed in 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?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of?

a The organization?
b Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in 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?

b Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III.

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 VI.

Note The sum of columns (B) must equal the applicable column (D) or column (E) amounts on Form 990 Part VII line 12

Part III Supplemental Information

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

Part III-Additional Information

Keystone Human Services (KHS) serves as the parent organization to KHS subsidiary organizations which include: Keystone Service Systems, Inc. (KSS), Key Human Services, Inc. (KEY), Keystone Partnership (KP), Impact Systems, Inc. (ISI), Keystone Autism Services (KAS) and Keystone Human Services International (KHSI). KHSI serves as the founder and parent corporation to Keystone Human Services International Moldova Association and Keystone Foundation for Children and Families (Russia). KSS provides general administrative services to all KHS entities. The salaries and benefits of officers and key employees are allocated among the KHS entities pursuant to a Cost Allocation Plan which is compliant with Federal and State regulations governing cost allocations.

NOTE:

Benefits include \$150,000 accrued expense pursuant to IRS 457b (\$15,000) and 457f (\$135,000) deferred compensation retirement plans. Executive compensation is allocated to specific program areas pursuant to regulatory and/or contract caps on participation in executive compensation. In addition, the \$150,000 deferred compensation is not allocable.

SCHEDULE O
(Form 990).Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

OMB No 1545 0047

2009**Open to Public
Inspection**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

Name of the organization

Keystone Human Services International

Employer identification number

25-1813977

Form 990, Part III, Line 1 - Organization Mission

Keystone Human Services International (KHSI) is dedicated to advancing the Mission and Vision of Keystone Human Services (Parent) internationally. The struggle of children, adults and families living with mental health problems and/or intellectual disabilities is universal.

KHSI provides the infrastructure from a programmatic and administrative standpoint to organize professionals in the field of human services in foreign countries to meet the needs of their citizens with disabilities.

KHSI is the Founder of, and provides managerial oversight for two international non-governmental organizations (NGOs) which are organized to develop programs to support children, adults and families living with intellectual and other mental disabilities: Keystone Human Services International Moldova Association (KHSIMA) and Keystone Foundation for Children and Families (KFCF) in Russia. Both of these NGOs have offices in their respective countries, file required regulatory financial reports, maintain bank accounts, and conduct general business affairs. The Founder does not have access to the subsidiaries' bank accounts. Fundraising for these NGOs is conducted by KHSI, in addition to the pursuit of grant funding which is conducted by KHSI and its subsidiaries. Additionally, KHSI implements its own grant programs and provides consulting services outside of the United States. During FY2010, consulting activities took place in Azerbaijan and Romania.

Following are some of the highlights from KHSI and its subsidiary programs implemented in fiscal year 2010.

Name of the organization

Keystone Human Services International

Employer identification number

25-1813977

Form 990, Part III, Line 4a - Program Service AccomplishmentsCommunity for All - Moldova

Through the Community for All - Moldova (C4A-MD) initiative, funded by a grant from the Open Society Mental Health Initiative (OSMHI), KHSI is assisting the Moldavian government put into effect more innovative policies and practices regarding the rights of people with disabilities, in particular, focusing on the unjust institutionalization of children and adults with intellectual disabilities. Developed in collaboration with OSMHI, Soros Foundation-Moldova, and the Moldavian Ministry of Labor, Social Protection and Families, the goal of this program is the closure of a long-stay residential institution in Orhei, Moldova, and the development of comprehensive, coordinated, community-based services as the alternative to institutional care. Over the long-term, this initiative is focused on creating a future of full societal inclusion for all children and adults with intellectual disabilities in Moldova.

By the end of FY2010, the C4A-MD Program had supported 25 children and young adults with intellectual disabilities to move out of the institution at Orhei and be reintegrated with their biological families. Nearly half (45%) of these children are now attending their local community school. Another 25 at-risk children were prevented from institutionalization in the first place through the provision of appropriate services.

In this fiscal year, all beneficiaries of the C4A-MD Program have participated in a person centered planning process, with resulting individualized support plans. Additionally, the C4A-MD team, in collaboration with the Ministry of Labor, Social Protection and Family, continued developing the legal and regulatory frameworks

Name of the organization

Keystone Human Services International

Employer identification number

25-1813977

Form 990, Part III, Line 4a - Program Service Accomplishments (continued)

necessary for implementing Community Home services, Foster Care, Supported Living, and Mobile Team services for people with intellectual disabilities.

Joint Media Strategy Group

This project, funded by the Health Media Initiative of the Open Society Foundations, is focused on increasing the population's awareness regarding disability issues, promoting the rights of persons with disabilities, fighting stigma and discrimination, and supporting the social inclusion of persons with disabilities. The Joint Media Strategy Group (JMSG) is a voluntary union of five NGOs that work with people with disabilities, and is focused on the development of common approaches and principles for the promotion of the social inclusion in the Republic of Moldova.

During FY2010, the JMSG program developed a multi-language website focused on promoting the social inclusion of persons with disabilities in Moldova.

<http://www.inclusion.md>. A database of photo and video materials is being developed, with an emphasis on self-documentation and advocacy by persons with disabilities themselves. A photography exhibit entitled, "The World the Way I See It," was launched at the Ministry of Labor, Social Protection, and Family to coincide with the International Day of Persons with Disabilities. Exhibited artists were all children and adults with intellectual disabilities.

KHSIMA Children and Family Centers in Tudora and Bacioi, Moldova

In addition to providing administrative support to the C4A-MD Program, KHSIMA services also include educational and social inclusion supports to children and

Name of the organization

Keystone Human Services International

Employer identification number

25-1813977

Form 990, Part III, Line 4a - Program Service Accomplishments (continued)

parents from vulnerable families in the villages of Tudora and Bacioi. Psychological services and other supports are also available to the parents of the children attending the Centers. KHSIMA's two Children and Family Centers are based on Keystone's successful Head Start Center model, with program integration to address the specific needs of each community where these Centers are established. Established in 2004 in the village of Tudora, the "Unitate" (Unity) Center serves 45 children and their families annually. In 2007, with financial support from the European Commission, a second Center opened its doors in the town of Bacioi, a suburb of the Capital of Chisinau. Named "Vis" (Dream), this Center annually serves 60 children and their families.

Form 990, Part III, Line 4b - Program Service Accomplishments

Open World Leadership Center, U.S. Library of Congress

Russia Civic Hosting Program & Eurasian Countries Hosting Program

The Open World Program was established to enable emerging Russian leaders to gain firsthand exposure to the American system of democracy through visits to local governments and communities in the United States. The principles of accountability, transparency, and citizen involvement in government are among the concepts emphasized. This year, KHSI implemented its fifth Open World grant, supporting the visit of two delegations from Russia. In November 2009, KHSI hosted 12 Russian professionals in an intensive exchange program focused on social issues/social services. Open World has recently expanded its reach to include delegations from Azerbaijan, and other Eurasian countries. KHSI was awarded its second grant to host a delegation of six professionals from Azerbaijan under the Social Issues - Education/Special Education theme in May 2010. This visit was complemented by reverse travel of specialists from Keystone traveling to Azerbaijan to provide

Name of the organization

Keystone Human Services International

Employer identification number

25-1813977

Form 990, Part III, Line 4b - Program Service Accomplishments (continued)

continued consultation on the ground.

Consultation to Community-Based Rehabilitation Centers and Mobile Rehabilitation

Teams in Azerbaijan

KHSI has been awarded a second (continuation) grant from OSMHI to improve the professional capacities and services of Community Based Rehabilitation Centers (CBRCs) and Mobile Rehabilitation Teams (MRTs) in Azerbaijan. The project is focusing on early intervention services by providing consultation from specialists in speech therapy, occupational therapy, and child psychology as it pertains to children with autism, intellectual disabilities, and cerebral palsy. The project has developed and implemented a program of consultation and training activities responsive to the needs of two CBRCs and two MRTs, delivered both on the ground in Azerbaijan (two trips conducted in FY2010) and via ongoing distance consultation (Skype, email).

Consultation on the Development of Community Based Services in Romania

Funded by a grant from OSMHI, this program of education and technical assistance is focused on supporting the process of deinstitutionalization for people living at the Carpenis institution in Giurgiu County, Romania. Namely, the development of needed community based services and supports. An initial site visit and informal needs assessment was conducted in February 2010 by a specialist from KHSI who visited several community services in Giurgiu County, Romania, as well as the Carpenis Recovery and Rehabilitation Centre (institution). Based on this visit, KHSI provided recommendations on how to develop capacities and strengthen the developing community

Name of the organization

Keystone Human Services International

Employer identification number

25-1813977

Form 990, Part III, Line 4b - Program Service Accomplishments (continued)

system, as plans are made to close this institution serving people with psychiatric and developmental disabilities.

Clinton Global Initiative/Keystone Global Partners

As a member of the Clinton Global Initiative (CGI) since 2007, Dennis W. Felty's (President of Keystone Human Services, parent company to KHSI) has continued the organization's Commitment for Action in support of the CGI's Global Health priority.

This Commitment centers on the Keystone Global Partners (KGP) program. The KGP model is built on years of Keystone Human Services' work empowering community leaders and professionals through our International Practical Training Program and International Professional Exchanges. KGP aims to apply the strengths of America's private nonprofit sector to help build the capacity of emerging non-government organizations (NGOs) in countries that are just beginning to develop their human service systems in the areas of autism, education, health care, intellectual disability, mental illness, and physical disability. In FY2010, this initiative directly impacted 285 lives.

Form 990, Part III, Line 4c - Program Service Accomplishments

Keystone Foundation for Children and Families (Russia)

Keystone Foundation for Children and Families (KFCF) focuses on support for children with disabilities and their families, as well as the thousands of children who languish in orphanages. Advocacy efforts highlight the importance of keeping children in the community and providing families with the necessary supports to promote a secure and meaningful life. Three psychologists working in Beslan, North Ossetia are funded annually. The psychological services provided are to children and

Name of the organization

Keystone Human Services International

Employer identification number

25-1813977

Form 990, Part III, Line 4c - Program Service Accomplishments (continued)

families that were devastated by the terrorist attack at the school in Beslan. KFCF has been involved in several international internship grants. Keystone has become well respected in Russia and elsewhere through the organization's International Practical Trainee Program and professional exchange initiatives.

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

Keystone Human Services is a "member" to all entities.

Form 990, Part VI, Line 11 - Form 990 Review Process**Board Review of the Form 990**

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 is comprised of policies and 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.

Name of the organization

Keystone Human Services International

Employer identification number

25-1813977

Form 990, Part VI, Line 11 - Form 990 Review Process (continued)

Salary note regarding President and Officers:

Benefits include \$150,000 accrued expense pursuant to IRS 457b (\$15,000) and 457f (\$135,000) deferred compensation retirement plans.

Executive compensation is allocated to specific program areas pursuant to regulatory and/or contract caps on participation in executive compensation. For example, the Pennsylvania Mental Health and Mental Retardation Program's participation in the KHS President's salary is capped at approximately \$104,052.

In addition, the \$150,000 deferred compensation is not allocable.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

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 and can also be obtained on Guidestar's web site.

Name of the organization

Keystone Human Services International

Employer identification number

25-1813977

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 - Attach to Form 990. ► See separate instructions.

Keystone Human Services International

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part V, line 33.)

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to 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
Keystone Human Services	124 Pine Street	Harrisburg, PA 17101	PA	501(c) (3)	N/A
Keystone Service Systems, Inc.	124 Pine Street	Harrisburg, PA 17101	PA	501(c) (3)	N/A
Tri-County Society for Children & Adults	124 Pine Street	Harrisburg, PA 17101	PA	501(c) (3)	N/A
Fundraising	23-1405636	Harrisburg, PA 17101	PA	501(c) (3)	N/A

Part II **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization because it had one or more related organizations treated as a partnership during the tax year.)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 2A because it had one or more related organizations treated as a corporation or trust during the tax year.)

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

	Yes	No
1a	X	
1b	X	
1c	X	
1d	X	
1e	X	
1f	X	
1g	X	
1h	X	
1i	X	
1j	X	
1k	X	
1l	X	
1m	X	
1n	X	
1o	X	
1p	X	

j Lease of facilities, equipment, or other assets from other organization(s).

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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 other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) Keystone Service Systems, Inc.	r	373,075.
(2) Tri-County Society for Children & Adults	q	19,297.
(3)		
(4)		
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

BAA

TEEA5004L 02/05/10

Schiedule R (Form 990) (2009)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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
<u>Keystone Autism Services</u>					
<u>124 Pine Street</u>					
<u>Harrisburg, PA 17101</u>					
<u>26-1454616</u>					
<u>IMPACT SYSTEMS, INC</u>					
<u>4 Bery Road</u>					
<u>Paoli, PA 19301</u>					
<u>90-0395254</u>					
<u>Key Human Services</u>					
<u>270 Farmington Ave., Suite 220</u>					
<u>Farmington, CT 06032</u>					
<u>06-1259340</u>					