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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 black lung benefit trust or private foundation)

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KEYSTONE COMMUNITY SERVICES Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 2000 SAINT ANTHONY AVE City or town, state or country, and ZIP + 4 ST PAUL, MN 551045199 F Name and address of principal officer WILLIAM PATIENT 2000 SAINT ANTHONY AVE ST PAUL, MN 551045199	D Employer identification number 41-0693924 E Telephone number (651) 603-6646 G Gross receipts \$ 3,202,471 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 <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.KEYSTONECOMMUNITYSERVICES.ORG
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 1939 M State of legal domicile MN

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO STRENGTHEN THE CAPACITY OF INDIVIDUALS AND FAMILIES TO IMPROVE THEIR QUALITY OF LIFE		
2 Check this box <input type="checkbox"/> 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		9	
4 Number of independent voting members of the governing body (Part VI, line 1b)			
4		9	
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)			
5		57	
6 Total number of volunteers (estimate if necessary)			
6		671	
7a Total 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	
		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,946,524	1,849,664
9	Program service revenue (Part VIII, line 2g)	2,217,849	1,215,747
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,010	80,377
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,213,383	3,145,788
		77,804	83,914
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
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)	2,341,437	1,825,628
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶163,143		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,754,970	1,422,898
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,174,211	3,332,440
19	Revenue less expenses Subtract line 18 from line 12	39,172	-186,652
		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,246,318	2,983,336
21	Total liabilities (Part X, line 26)	127,247	146,552
22	Net assets or fund balances Subtract line 21 from line 20	3,119,071	2,836,784

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	2012-08-07 Date	
	WILLIAM PATIENT CHAIR Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ▶ KIM HUNWARDSEN CPA	Date 2012-08-07	Preparer's taxpayer identification number (see instructions) P00484560
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ EIDE BAILLY LLP 800 NICOLLET MALL STE 1300 MINNEAPOLIS, MN 554027033	Check if self-employed <input type="checkbox"/>	EIN ▶ 45-0250958 Phone no ▶ (612) 253-6500

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission
TO STRENGTHEN THE CAPACITY OF INDIVIDUALS AND FAMILIES TO IMPROVE THEIR QUALITY OF LIFE

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 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 \$ 203,988 including grants of \$) (Revenue \$ 2,285)
 HMONG YOUTH & FAMILY PROGRAM RECENT IMMIGRANT FAMILIES OFTEN STRUGGLE BALANCING THE EXPECTATIONS AND NORMS OF THEIR NATIVE CULTURE WITH THOSE OF AMERICAN SOCIETY KEYSTONE'S HMONG YOUTH & FAMILY PROGRAM IS DESIGNED TO HELP CHILDREN, TEENS AND PARENTS WHO LIVE IN AND AROUND THE MCDONOUGH AND MT AIRY HOMES PUBLIC HOUSING COMMUNITIES TO MANAGE THE CHALLENGES OF A NEW CULTURE AFTER-SCHOOL AND SUMMER ACTIVITIES ARE AIMED AT SCHOOL ACHIEVEMENT, BUILDING SELF-ESTEEM, AND FINDING POSITIVE WAYS TO NAVIGATE THE PATH BETWEEN TWO CULTURES VOLUNTEERS SERVE AS TUTORS, PROVIDE HELP WITH HOMEWORK, AND ARE INVOLVED IN GROUP ACTIVITIES SUCH AS FIELD TRIPS, HOLIDAY CELEBRATIONS AND RECREATIONAL OPPORTUNITIES IN ADDITION, PARENTS AND OLDER TEENS HELP WITH THE PROGRAM'S TWO DANCE GROUPS - THE HMONG PEACE DANCERS AND HMONG YOUTH BREAK DANCERS PARENTS HAVE THEIR OWN SUPPORT GROUP, A PLACE TO SHARE QUESTIONS AND CONCERNS ABOUT THE AMERICAN SCHOOL SYSTEM, GET INFORMATION ABOUT COMMUNITY RESOURCES AND RECEIVE SUPPORT AND ENCOURAGEMENT IN THEIR OWN ADAPTATION TO LIFE IN AMERICA THE PROGRAM ALSO CONNECTS PARENTS TO BASIC NEEDS ASSISTANCE AND PROVIDES SCHOOL SUPPLIES THROUGH KEYSTONE'S SCHOOL SUPPLY DRIVE 2011 ACCOMPLISHMENTS HMONG YOUTH & FAMILY PROGRAM 105 STUDENTS SERVED

4b (Code) (Expenses \$ 1,375,427 including grants of \$ 81,387) (Revenue \$ 236,243)
 BASIC NEEDS PROGRAM FOR MANY LOW-INCOME FAMILIES IN OUR COMMUNITY, KEYSTONE'S BASIC NEEDS PROGRAM IS A LIFELINE IN DIFFICULT TIMES, OFFERING FOOD, INFORMATION AND REFERRAL, EMERGENCY ASSISTANCE AND THE ASSURANCE THAT SOMEONE CARES WITH THREE FOOD SHELVES SERVING HUNDREDS OF CLIENTS EVERY DAY, KEYSTONE IS A PRIMARY PROVIDER OF EMERGENCY FOOD SERVICES FOR ST PAUL AND SUBURBAN RAMSEY COUNTY OUR SERVICE AREA EXTENDS FROM DOWNTOWN ST PAUL TO ROSEVILLE, FROM LITTLE CANADA TO THE MIDWAY AND THE NORTH END NEIGHBORHOODS OF ST PAUL BESIDES FOOD DISTRIBUTION, KEYSTONE PROVIDES SHORT-TERM EMERGENCY ASSISTANCE TO FAMILIES AT RISK OF LOSING THEIR HOUSING, INCLUDING CONNECTING CLIENTS TO OTHER COMMUNITY RESOURCES AND WHEN APPROPRIATE, PROVIDING SMALL GRANTS THROUGH KEYSTONE'S FAMILY SUCCESS FUND OFTEN, A SMALL AMOUNT OF MONEY CAN HELP FAMILIES GET THROUGH THE CRISIS AND BACK ON THEIR FEET, AVOIDING HOMELESSNESS AND MAINTAINING STABILITY CURRENTLY UNDERWAY IS A MAJOR EFFORT BY KEYSTONE TO BETTER ASSIST FAMILIES WITH MULTIPLE NEEDS IN RESPONSE TO THE VOICES OF THE HUNGRY ASSESSMENT OF FOOD SHELF USERS CONDUCTED IN 2011 KEYSTONE IS WORKING TO EXPAND AND ENHANCE CASE MANAGEMENT SERVICES AND IS ALSO DEVELOPING STRONGER STRATEGIC ALLIANCES WITH OTHER SERVICE PROVIDERS AROUND JOBS, TRAINING AND HOUSING THROUGH A PARTNERSHIP WITH THE SUBURBAN RAMSEY FAMILY COLLABORATIVE, KEYSTONE PROVIDES SCHOOL-LINKED COMMUNITY SOCIAL WORK SERVICES FOR FAMILIES WITHIN THE ROSEVILLE, MOUNDS VIEW, WHITE BEAR LAKE AND NORTH ST PAUL/MAPLEWOOD/OAKDALE SCHOOL DISTRICTS AS THE DEMAND FOR BASIC NEEDS SERVICES GROWS, THE COMMUNITY CONTINUES TO PLAY A CRITICAL ROLE AS VOLUNTEERS AND AS DONORS IN 2011, 335 KEYSTONE VOLUNTEERS GAVE NEARLY 15,100 HOURS OF SERVICE IN OUR THREE FOOD SHELVES - EQUIVALENT TO 7 2 FULL-TIME EMPLOYEES SCHOOL SUPPLY DRIVE AND GIFTS OF HOPE EVERY AUGUST, GENEROUS DONORS TO KEYSTONE'S ANNUAL SCHOOL SUPPLY DRIVE HELP EQUIP SEVERAL HUNDRED CHILDREN WITH THE BASIC ITEMS THEY NEED TO START THE YEAR OFF RIGHT - BACKPACKS, NOTEBOOKS, CRAYONS AND PENS, RULERS, ETC NOVEMBER IS THE START OF GIFTS OF HOPE, WHICH MATCHES SPONSORS - CORPORATE AND EMPLOYEE GROUPS, FAITH COMMUNITIES, FAMILIES AND INDIVIDUALS - WITH KEYSTONE CLIENT FAMILIES IN VERY DIFFICULT CIRCUMSTANCES SPONSORS PURCHASE SPECIFIC HOUSEHOLD ITEMS NEEDED BY THE FAMILY AS WELL AS TOYS FOR THE CHILDREN VOICES OF THE HUNGRY STUDY SHEDS LIGHT ON NEEDS OF FOOD SHELF USERS WHAT ARE THE NEEDS OF TODAY'S FOOD SHELF USERS? WHAT BARRIERS DO THEY FACE TO SELF-SUFFICIENCY? IN 2011, KEYSTONE UNDERTOOK A STUDY OF FOOD SHELF USERS TO BETTER UNDERSTAND THE NEEDS OF THE GROWING NUMBER OF FAMILIES WHO TURN TO KEYSTONE FOR ASSISTANCE 2011 ACCOMPLISHMENTS FOOD SHELVES 20,790 INDIVIDUALS SERVED 79,416 VISITS BY INDIVIDUALS 2,081,187 POUNDS OF FOOD DISTRIBUTED FAMILY OUTREACH 1,297 SERVICES WERE PROVIDED TO FAMILIES IN CRISIS GIFTS OF HOPE HOLIDAY PROGRAM 187 INDIVIDUALS IN 40 HOUSEHOLDS WERE ASSISTED SCHOOL SUPPLY DRIVE MORE THAN 250 CHILDREN RECEIVED SCHOOL SUPPLIES FAMILIES (THROUGH THE SUBURBAN RAMSEY FAMILY COLLABORATIVE) 109 FAMILIES SERVED

4c (Code) (Expenses \$ 726,407 including grants of \$ 2,527) (Revenue \$ 769,620)
 CASE MANAGEMENT FOR SENIORS AND DISABLED ADULTS HELPING SENIORS AND ADULTS WITH DISABILITIES TO MAINTAIN THEIR INDEPENDENCE IS THE GOAL OF KEYSTONE'S CASE MANAGEMENT PROGRAM SENIORS AND ADULTS WITH DISABILITIES IN RAMSEY AND HENNEPIN COUNTIES ARE REFERRED TO KEYSTONE THROUGH SEVERAL HOME- AND COMMUNITY-BASED MEDICAL ASSISTANCE PROGRAMS KEYSTONE CASE MANAGERS USE THEIR KNOWLEDGE OF COMMUNITY RESOURCES TO ACCESS SERVICES THAT HELP CLIENTS LIVE SAFELY AND WITH DIGNITY WHEN PROBLEMS ARISE THAT THREATEN A CLIENT'S SELF-SUFFICIENCY, CASE MANAGERS HELP DEVELOP SOLUTIONS, AND WHEN NECESSARY, ADVOCATE ON THE CLIENT'S BEHALF 2011 ACCOMPLISHMENTS SENIORS AND ADULTS WITH DISABILITIES 594 CLIENTS SERVED

(Code) (Expenses \$ 351,173 including grants of \$) (Revenue \$ 207,599)
 SENIOR SERVICES ACTIVE SENIORS WE ALL KNOW THAT STAYING ACTIVE AND ENGAGED IN THE COMMUNITY CONTRIBUTES TO A LONGER AND HEALTHIER LIFE THAT'S WHY KEYSTONE ACTIVE SENIORS IS THE PLACE TO BE FOR MANY AREA SENIORS LOCATED AT THE MERRIAM PARK COMMUNITY CENTER, 2000 ST ANTHONY AVE , THE PROGRAM IS OPEN TO ANY SENIOR SENIORS ENJOY CHATTING OR PLAYING CARDS OVER COFFEE OR TEA IN THE SENIOR LOUNGE, AND TAKING PART IN A RANGE OF FREE OR LOW-COST FITNESS, HEALTH, RECREATIONAL, SOCIAL, EDUCATIONAL AND VOLUNTEER OPPORTUNITIES SUCH AS PEER COUNSELING (KEYSTONE'S TRAINED PEER COUNSELORS VISIT HOMEBOUND SENIORS IN KEYSTONE'S MEALS ON WHEELS SERVICE AREA, PROVIDING SOCIAL INTERACTION AND INFORMATION AND REFERRAL TO HELPFUL SERVICES) MEALS ON WHEELS KEYSTONE MEALS ON WHEELS SERVES SENIORS AND DISABLED NEIGHBORS AS WELL AS INDIVIDUALS OF ANY AGE WHO NEED ASSISTANCE WITH FOOD PREPARATION OR REQUIRE MEAL SUPPORT IN ORDER TO REMAIN LIVING INDEPENDENTLY KEYSTONE'S 180 VOLUNTEERS ARE THE BACKBONE OF THIS HIGHLY COST-EFFECTIVE PROGRAM, DELIVERING A WIDE RANGE OF DELICIOUS FOOD OPTIONS - A FRESH DAILY HOT MEAL, A FRESH UNHEATED MEAL TO HEAT AT ONE'S OWN CONVENIENCE, OR A WEEK'S SUPPLY OF FROZEN MEALS THE PROGRAM ALSO PROVIDES A DAILY SAFETY CHECK IF FOR SOME REASON A RECIPIENT DOES NOT ANSWER THE DOOR, OUR MEALS ON WHEELS STAFF FOLLOWS UP IMMEDIATELY TO BE CERTAIN THE PERSON IS SAFE 2011 ACCOMPLISHMENTS MEALS ON WHEELS 179 MEAL RECIPIENTS 20,500 MEALS DELIVERED 173 MEALS VOLUNTEERS PEER COUNSELING 226 HOURS OF SERVICES PROVIDED ACTIVE SENIORS PROGRAM 1,206 PARTICIPANTS TOOK PART IN OVER 40 PROGRAMS (RECREATION, HEALTH, EDUCATION AND SOCIAL ACTIVITIES)

4d Other program services (Describe in Schedule O)
 (Expenses \$ 351,173 including grants of \$) (Revenue \$ 207,599)

4e Total program service expenses \$ 2,656,995

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b	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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d	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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
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? <i>If "Yes," complete Schedule G, Part I.</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
20b			

Part IV Checklist of Required Schedules *(continued)*

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
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, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
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? <i>If "Yes," complete Schedule L, Part III</i>	27	No
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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	No
35a Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	No
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
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	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b, 13, 13a, 13b, 13c, 14a, 14b.

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 to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, 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		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed MN
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 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.
 Own website Another's website Upon request
- 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. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 DIANNE GUSTAFSON
 2000 ST ANTHONY AVE
 ST PAUL, MN 55104
 (651) 603-6646

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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, and **current** key employees 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

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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) BILL PATIENT CHAIR	1 00	X		X				0	0	0
(2) LINDA TEPPA FIRST VICE CHAIR	1 00	X		X				0	0	0
(3) ROBERT JENKINS SECOND VICE-CHAIR	1 00	X		X				0	0	0
(4) TAMMY PUST VICE CHAIR AT-LARGE	1 00	X		X				0	0	0
(5) STEVE KUFUS CHAIR (THRU APRIL 2011)	1 00	X		X				0	0	0
(6) JOHN WAGNER BOARD MEMBER	1 00	X						0	0	0
(7) LINDA DOERR BOARD MEMBER	1 00	X						0	0	0
(8) ROBERT KAUFER BOARD MEMBER	1 00	X						0	0	0
(9) LISA SUNDE BOARD MEMBER	1 00	X						0	0	0
(10) ANN SWEENEY BOARD MEMBER	1 00	X						0	0	0
(11) ERIC NYBERG PRESIDENT	40 00			X				98,628	0	15,548
(12) DIANNE GUSTAFSON TREASURER/VP/COO	40 00			X				86,930	0	16,666

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

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

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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

Table with 3 columns: (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 of compensation from the organization

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 453,692					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,395,972					
	g	Noncash contributions included in lines 1a-1f \$ 471,304					
	h	Total. Add lines 1a-1f ▶	1,849,664				
Program Service Revenue			Business Code				
	2a	FEES FOR SERVICE	624100	1,118,185	1,118,185		
	b	FOOD SALES	624100	50,729	50,729		
	c	PROGRAM SERVICE FEES	624100	42,348	42,348		
	d	MISCELLANEOUS	624100	4,485	4,485		
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶		1,215,747				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		39,821		39,821	
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties ▶					
	6a	(i) Real		(ii) Personal			
		b	Gross rents				
		c	Less rental expenses				
		d	Rental income or (loss)				
	d	Net rental income or (loss) ▶					
	7a	(i) Securities		(ii) Other			
		b	Gross amount from sales of assets other than inventory	97,239			
		c	Less cost or other basis and sales expenses	56,683			
		d	Gain or (loss)	40,556			
	d	Net gain or (loss) ▶		40,556		40,556	
	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							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See Instructions ▶		3,145,788	1,215,747	0	80,377	

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)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	83,914	83,914		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	218,993	111,238	85,004	22,751
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	1,170,997	1,030,708	85,617	54,672
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	295,355	156,608	131,373	7,374
10	Payroll taxes	140,283	118,628	14,141	7,514
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	211,796	84,323	72,990	54,483
12	Advertising and promotion				
13	Office expenses	162,126	120,548	29,243	12,335
14	Information technology				
15	Royalties				
16	Occupancy	198,029	131,731	65,958	340
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,753	2,839	6,730	184
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	51,005	40,667	7,841	2,497
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	IN-KIND FOOD COSTS	446,667	446,667		
b	FOOD COSTS	157,053	157,053		
c	BAD DEBT	127,112	127,112		
d	TRANSPORTATION	54,018	44,205	8,870	943
e					
f	All other expenses	5,339	754	4,535	50
25	Total functional expenses. Add lines 1 through 24f	3,332,440	2,656,995	512,302	163,143
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	633,247	2	570,372
	3 Pledges and grants receivable, net	92,500	3	155,000
	4 Accounts receivable, net	458,076	4	269,893
	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	60,183	9	40,219
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,532,717		
	b Less accumulated depreciation	1,107,743	10c	424,974
	11 Investments—publicly traded securities	1,535,697	11	1,522,878
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,246,318	16	2,983,336	
Liabilities	17 Accounts payable and accrued expenses	127,247	17	146,552
	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 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	127,247	26	146,552
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	2,334,041	27	2,092,464
	28 Temporarily restricted net assets	785,030	28	744,320
	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 or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,119,071	33	2,836,784	
34 Total liabilities and net assets/fund balances	3,246,318	34	2,983,336	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,145,788
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,332,440
3	Revenue less expenses Subtract line 2 from line 1	3	-186,652
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,119,071
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-95,635
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,836,784

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
KEYSTONE COMMUNITY SERVICES

Employer identification number
41-0693924

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 **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 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 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 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 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 it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (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 the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,012,149	1,780,707	2,004,669	1,946,524	1,849,664	9,593,713
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	2,012,149	1,780,707	2,004,669	1,946,524	1,849,664	9,593,713
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)						375,360
6 Public Support. Subtract line 5 from line 4						9,218,353

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,012,149	1,780,707	2,004,669	1,946,524	1,849,664	9,593,713
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,216	49,075	43,728	41,462	39,821	222,302
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						9,816,015
12 Gross receipts from related activities, etc. (See instructions.)					12	13,291,559

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	93.910%
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	93.130%

16a 33 1/3% support test—2011. 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 **b 33 1/3% support test—2010.** If the organization did not check the 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—2011.** 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—2010.** 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

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

(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** 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—2010.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization KEYSTONE COMMUNITY SERVICES

Employer identification number 41-0693924

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value.

- 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-2d for total number, acreage, and number of easements.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 easements it holds?

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)?

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 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 the 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 the 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 Investment earnings or 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
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. 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				
b Buildings				
c Leasehold improvements		705,845	335,054	370,791
d Equipment		826,872	772,689	54,183
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				424,974

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	3,145,788
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,332,440
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-186,652
4	Net unrealized gains (losses) on investments	4	-95,635
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-95,635
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-282,287

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	3,145,788
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	0
3	Subtract line 2e from line 1	3	3,145,788
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	3,145,788

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

1	Total expenses and losses per audited financial statements	1	3,332,440
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	0
3	Subtract line 2e from line 1	3	3,332,440
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	3,332,440

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, 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION TOPIC ASC 740-10. THE ORGANIZATION UNDERGOES AN ANNUAL ANALYSIS OF ITS VARIOUS TAX AUTHORITIES. THE IMPLEMENTATION OF THIS STANDARD HAS NO IMPACT ON THE FINANCIAL STATEMENTS AS OF BOTH THE DATE OF ADOPTION, AND AS OF DECEMBER 31, 2011, THE UNRECOGNIZED TAX BENEFIT ACCRUAL WAS ZERO. THE ORGANIZATION WILL RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF INCURRED. THE ORGANIZATION IS NO LONGER SUBJECT TO FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008 AND STATE EXAMINATION FOR YEARS BEFORE 2008.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION ONLY MAKES PAYMENTS TO INDIVIDUALS LOCATED WITHIN MINNESOTA THESE PAYMENTS ARE FOR SPECIFIC PURPOSES

Software ID:
Software Version:
EIN: 41-0693924
Name: KEYSTONE COMMUNITY SERVICES

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HOUSING	177	58,604			
MEDICAL	11	1,732			
VEHICLE	114	10,176			
UTILITIES	26	3,777			
HOUSEHOLD ITEMS	85	6,645			
SCHOOL SUPPLIES	21	489			
MISCELLANEOUS	17	519			
CHILD CARE	5	944			
CLOTHING	37	1,028			

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization KEYSTONE COMMUNITY SERVICES

Employer identification number 41-0693924

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Includes rows for Art, Books, Cars, Boats, Intellectual property, Securities, Real estate, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

Table with 3 columns: Question, Yes, No. Contains questions 30a, 31, 32a, 33 regarding property holding periods, gift acceptance policy, and non-cash contributions.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
KEYSTONE COMMUNITY SERVICES

Employer identification number

41-0693924

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	KEYSTONE CARE CONSULTANTS MAKING CHANGES IS PART OF AGING WE'RE HERE TO HELP AS THE HEALTH OF AN AGING PARENT OR RELATIVE CHANGES, FAMILIES SOMETIMES FIND THEMSELVES CONFRONTED WITH DIFFICULT DECISIONS, OFTEN WITHOUT KNOWING THE FULL RANGE OF SUPPORT SERVICES, FEASIBILITY AND COSTS IN SOME CASES, DECISIONS MUST BE MADE QUICKLY, ADDING STRESS TO ALREADY CHALLENGING CIRCUMSTANCES KEYSTONE CARE CONSULTANTS IS HERE TO HELP AN EXPERT RESOURCE KEYSTONE CARE CONSULTANTS IS READY TO ASSIST FAMILIES IN FINDING THE SOLUTIONS THAT FIT THEIR UNIQUE LIFE SITUATION EACH KEYSTONE CARE CONSULTANT IS A LICENSED SOCIAL WORKER WITH EXTENSIVE EXPERIENCE WORKING WITH SENIORS AND THEIR FAMILIES AS WELL AS IN-DEPTH KNOWLEDGE OF MEDICAL, HEALTH, SOCIAL AND FINANCIAL ISSUES AND RESOURCES FOR SENIORS OUR CARE MANAGERS ARE QUALIFIED TO ADDRESS THE FULL CONTINUUM OF NEEDS, SUCH AS HOUSING, HOME CARE ASSISTANCE, TRANSPORTATION, HOUSEKEEPING, AND MUCH MORE OUR SOLE PURPOSE - ASSISTING FAMILIES WITH CARE DECISIONS A PRIVATE PAY SERVICE, KEYSTONE CARE CONSULTANTS PROVIDES AN INDEPENDENT ASSESSMENT OF EACH CLIENT'S NEEDS AND COORDINATES WITH CAREFULLY SCREENED PROVIDERS OUR SOLE PURPOSE IS TO ASSIST FAMILIES AS THEY MAKE DECISIONS ABOUT CARE

Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	THE INTENSIVE DAY TREATMENT PROGRAM (IDT) WAS CLOSED IN AUGUST 2010

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE BOARD CHAIR, THE VICE-CHAIR AT-LARGE, AND SUCH ADDITIONAL DIRECTORS AS MAY FROM TIME TO TIME BE DESIGNATED BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE ENTIRE BOARD. THE EXECUTIVE COMMITTEE SHALL AT ALL TIMES BE SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE POLICY MANAGEMENT OF THE BUSINESS OF THE CORPORATION IN THE INTERVAL BETWEEN MEETINGS OF THE BOARD. THE BOARD CHAIR WILL BE THE CHAIR OF THE EXECUTIVE COMMITTEE. MEETINGS OF THE EXECUTIVE COMMITTEE MAY BE CALLED, FROM TIME TO TIME, UPON REQUEST OF THE BOARD CHAIR OR ANY TWO (2) MEMBERS OF THE EXECUTIVE COMMITTEE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS WERE AMENDED ON APRIL 13, 2011, TO ESTABLISH TERM LIMITS FOR THE DIRECTORS AND TO ALLOW THE ELECTION OF DIRECTORS AT ANY MEETING, NOT JUST THE ANNUAL MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A DRAFT OF THE FORM 990 IS INITIALLY REVIEWED BY THE AUDIT/FINANCE COMMITTEE. ONCE COMMENTS HAVE BEEN ADDRESSED FROM THE AUDIT/FINANCE COMMITTEE THE DRAFT IS PROVIDED FOR THE FULL BOARD TO REVIEW

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL DIRECTORS, OFFICERS AND MANAGEMENT LEVEL EMPLOYEES ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY THE BOARD CHAIR AND PRESIDENT REVIEW CONFLICT OF INTEREST STATEMENTS AND MAKE THE DETERMINATION OF WHETHER A CONFLICT EXISTS ACTUAL CONFLICTS ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD THE BOARD SHALL NOT ENTER INTO ANY CONTRACT OR TRANSACTION WITH (A) ONE OR MORE OF ITS DIRECTORS (B) A DIRECTOR OF A RELATED ORGANIZATION, OR (C) AN ORGANIZATION IN OR OF WHICH A DIRECTOR OF KCS IS A DIRECTOR, OFFICER, OR LEGAL REPRESENTATIVE, OR IN SOME OTHER WAY HAS A MATERIAL FINANCIAL INTEREST UNLESS - THAT INTEREST IS DISCLOSED OR KNOWN TO THE BOARD - THE BOARD APPROVED, AUTHORIZES OR RATIFIES THE ACTION IN GOOD FAITH - THE APPROVAL IS BY A MAJORITY OF DIRECTORS (NOT COUNTING THE INTERESTED DIRECTOR) - AT A MEETING WHERE A QUORUM IS PRESENT (NOT COUNTING THE INTERESTED DIRECTOR) THE INTERESTED DIRECTOR MAY BE PRESENT FOR DISCUSSION TO ANSWER QUESTIONS, BUT MAY NOT ADVOCATE FOR THE ACTION TO BE TAKEN AND MUST LEAVE THE ROOM WHILE A VOTE IS TAKEN THE MINUTES OF ALL ACTIONS TAKEN ON SUCH MATTERS SHALL CLEARLY REFLECT THAT THESE REQUIREMENTS HAVE BEEN MET

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE CEO'S TERMS OF EMPLOYMENT ARE DETERMINED BY THE AGENCY'S BOARD OF DIRECTORS AND REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD. SALARY IS BASED ON PERFORMANCE AND COMPARABILITY DATA WITH SIMILAR ORGANIZATIONS. THE VP/COO'S (TREASURER) TERMS OF EMPLOYMENT ARE DETERMINED BY THE CEO AND ARE REVIEWED ANNUALLY BASED ON PERFORMANCE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -95,635

Additional Data

Software ID:

Software Version:

EIN: 41-0693924

Name: KEYSTONE COMMUNITY SERVICES

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 351,173 including grants of \$) (Revenue \$ 207,599)

SENIOR SERVICES ACTIVE SENIORS WE ALL KNOW THAT STAYING ACTIVE AND ENGAGED IN THE COMMUNITY CONTRIBUTES TO A LONGER AND HEALTHIER LIFE THAT'S WHY KEYSTONE ACTIVE SENIORS IS THE PLACE TO BE FOR MANY AREA SENIORS LOCATED AT THE MERRIAM PARK COMMUNITY CENTER, 2000 ST ANTHONY AVE , THE PROGRAM IS OPEN TO ANY SENIOR SENIORS ENJOY CHATTING OR PLAYING CARDS OVER COFFEE OR TEA IN THE SENIOR LOUNGE, AND TAKING PART IN A RANGE OF FREE OR LOW-COST FITNESS, HEALTH, RECREATIONAL, SOCIAL, EDUCATIONAL AND VOLUNTEER OPPORTUNITIES SUCH AS PEER COUNSELING (KEYSTONE'S TRAINED PEER COUNSELORS VISIT HOMEBOUND SENIORS IN KEYSTONE'S MEALS ON WHEELS SERVICE AREA, PROVIDING SOCIAL INTERACTION AND INFORMATION AND REFERRAL TO HELPFUL SERVICES) MEALS ON WHEELS KEYSTONE MEALS ON WHEELS SERVES SENIORS AND DISABLED NEIGHBORS AS WELL AS INDIVIDUALS OF ANY AGE WHO NEED ASSISTANCE WITH FOOD PREPARATION OR REQUIRE MEAL SUPPORT IN ORDER TO REMAIN LIVING INDEPENDENTLY KEYSTONE'S 180 VOLUNTEERS ARE THE BACKBONE OF THIS HIGHLY COST-EFFECTIVE PROGRAM, DELIVERING A WIDE RANGE OF DELICIOUS FOOD OPTIONS - A FRESH DAILY HOT MEAL, A FRESH UNHEATED MEAL TO HEAT AT ONE'S OWN CONVENIENCE, OR A WEEK'S SUPPLY OF FROZEN MEALS THE PROGRAM ALSO PROVIDES A DAILY SAFETY CHECK IF FOR SOME REASON A RECIPIENT DOES NOT ANSWER THE DOOR, OUR MEALS ON WHEELS STAFF FOLLOWS UP IMMEDIATELY TO BE CERTAIN THE PERSON IS SAFE 2011 ACCOMPLISHMENTS MEALS ON WHEELS 179 MEAL RECIPIENTS 20,500 MEALS DELIVERED 173 MEALS VOLUNTEERS PEER COUNSELING 226 HOURS OF SERVICES PROVIDED ACTIVE SENIORS PROGRAM 1,206 PARTICIPANTS TOOK PART IN OVER 40 PROGRAMS (RECREATION, HEALTH, EDUCATION AND SOCIAL ACTIVITIES)