

BLACK, BASHOR & PORSCH, LLP  
270 EAST CONNELLY BOULEVARD  
SHARON, PA 16146

KEYSTONE BLIND ASSOCIATION  
1230 STAMBAUGH AVENUE  
SHARON, PA 16146



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CLIENT'S COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2012

<b>Prepared for</b>	KEYSTONE BLIND ASSOCIATION 1230 STAMBAUGH AVENUE SHARON, PA 16146
<b>Prepared by</b>	BLACK, BASHOR & PORSCHE, LLP 270 EAST CONNELLY BOULEVARD SHARON, PA 16146
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	NOVEMBER 15, 2013
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

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## FEDERAL INFORMATIONAL FORMS

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## FILEABLE FORMS

# 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.

Open to Public Inspection

**A For the 2012 calendar year, or tax year beginning and ending**

<b>B</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	<b>C Name of organization</b> <b>KEYSTONE BLIND ASSOCIATION</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1230 STAMBAUGH AVENUE</b> City, town, or post office, state, and ZIP code <b>SHARON, PA 16146</b> <b>F Name and address of principal officer: JONATHAN FISTER</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>25-0969420</b> <b>E Telephone number</b> <b>724-347-5501</b> <b>G Gross receipts \$</b> <b>7,394,290.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <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		
<b>J Website:</b> ▶ <b>WWW.KEYSTONEBLIND.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1947</b> <b>M State of legal domicile:</b> <b>PA</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE INDEPENDENCE FOR CHILDREN AND ADULTS WHO ARE BLIND OR VISUALLY IMPAIRED; TO PROMOTE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	20
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	12
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) .....	<b>5</b>	412
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	47
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year 232,125.
<b>9</b> Program service revenue (Part VIII, line 2g) .....		74,319.	75,356.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		6,816.	27,824.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		5,668,562.	5,877,011.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		5,981,822.	6,193,460.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		0.	0.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		3,623,349.	3,777,497.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>61,820.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		2,254,991.	2,487,953.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....		5,878,340.	6,265,450.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	103,482.	<71,990.>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year 2,133,748.	End of Year 3,140,739.
	<b>21</b> Total liabilities (Part X, line 26) .....	622,769.	1,558,957.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	1,510,979.	1,581,782.

**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.

<b>Sign Here</b>	Signature of officer <b>JONATHAN FISTER, CEO</b> Type or print name and title	Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOHN K WILLIAMS</b>	Preparer's signature  	Date  	Check <input type="checkbox"/> if self-employed PTIN <b>P00109687</b>
	Firm's name ▶ <b>BLACK, BASHOR &amp; PORSCHE, LLP</b>	Firm's EIN ▶ <b>25-1304135</b>		
	Firm's address ▶ <b>270 EAST CONNELLY BOULEVARD</b> <b>SHARON, PA 16146</b>	Phone no. <b>(724) 981-7510</b>		

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 [X]

1 Briefly describe the organization's mission: TO PROMOTE INDEPENDENCE FOR CHILDREN AND ADULTS WHO ARE BLIND OR VISUALLY IMPAIRED; TO PROMOTE EYE HEALTH AND EYE SAFETY; AND TO PROMOTE EMPLOYMENT FOR ALL PERSONS WITH DISABILITIES.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 411,038. including grants of \$ ) (Revenue \$ 34,544.) VOCATIONAL WORKSHOP-PROVIDE EMPLOYMENT OPPORTUNITIES AND TRAINING FOR BLIND AND DISABLED PERSONS IN TOOL MANUFACTURING, DOCUMENT DESTRUCTION, SILKSCREENING, CHEMICAL MANUFACTURING AND WAREHOUSE DISTRIBUTION SERVICES. TOTAL EMPLOYEES FOR THE WORKSHOP ARE 13.

4b (Code: ) (Expenses \$ 4,915,959. including grants of \$ ) (Revenue \$ 5,755,258.) REST AREA MANAGEMENT-PROVIDES EMPLOYMENT FOR BLIND AND DISABLED PERSONS AT INTERSTATE REST AREAS THROUGHOUT THE COMMONWEALTH OF PENNSYLVANIA. JOBS PROVIDED INCLUDE MAINTENANCE, CLEANING, LAWN MAINTENANCE, AND SNOW REMOVAL. THE TOTAL NUMBER OF REST AREA EMPLOYEES IN 2012 WAS 331.

4c (Code: ) (Expenses \$ 447,686. including grants of \$ ) (Revenue \$ 13,513.) SPECIALIZED SERVICES INCLUDE SUPPORT SERVICES SUCH AS MAIL READING, TRANSPORTATION WITH ESCORT TO DOCTOR APPOINTMENTS, SHOPPING ASSISTANCE, LIFE SKILLS CLASSES, ORIENTATION & MOBILITY INSTRUCTIONS, AND SUPPORT GROUPS. 4,090 HOURS (UNITS OF SERVICE) WERE PROVIDED IN 2012 TO 172 CLIENTS, SOME OF WHICH OBTAINED MULTIPLE SERVICES.

4d Other program services (Describe in Schedule O.) (Expenses \$ <620,206.> including grants of \$ ) (Revenue \$ 110,537.)

4e Total program service expenses 5,154,477.

**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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
4	<b>Section 501(c)(3) organizations.</b> 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>		X
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>		X
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>		X
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>		X
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>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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>		X
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>	X	
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>	X	
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>		X
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>		X
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>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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 and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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>		X
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>	X	
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>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		



**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> 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> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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> .....		X
<b>b</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> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest 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> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> 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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> 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> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, 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> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with corresponding Yes/No columns and data entry fields.

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.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (12), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] 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 during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LAURIE STAPH - 724-347-5501 1230 STAMBAUGH AVENUE, SHARON, PA 16146

**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. 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, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JONATHAN FISTER PRESIDENT/CEO	0.30 40.00	X		X				0.	100,282.	14,367.
(2) MICHAEL S. BARR BOARD MEMBER	0.30 0.00	X						0.	0.	0.
(3) GEORGE GERHART PAST CHAIRMAN	0.30 0.20	X		X				0.	0.	0.
(4) ALBERT BOLAND CHAIRMAN	0.30 0.00	X		X				0.	0.	0.
(5) TIM HOFIUS BOARD MEMBER	0.30 0.20	X						0.	0.	0.
(6) MARK FERRARA BOARD MEMBER	0.30 0.00	X						0.	0.	0.
(7) ALLEN MORGAN BOARD MEMBER	0.30 0.20	X						0.	0.	0.
(8) STEVEN J. SNYDER BOARD MEMBER	0.30 0.20	X						0.	0.	0.
(9) ALEC MOYER BOARD MEMBER	0.30 0.00	X						0.	0.	0.
(10) DENNIS SONGER SECRETARY	0.30 0.00	X		X				0.	0.	0.
(11) SHANE NUGENT BOARD MEMBER	0.30 0.00	X						0.	0.	0.
(12) TRESA TEMPLETON BOARD MEMBER	0.30 0.00	X						0.	0.	0.
(13) TONY PAGLIA BOARD MEMBER	0.30 0.00	X						0.	0.	0.
(14) DON ZAPPA BOARD MEMBER	0.30 0.00	X						0.	0.	0.
(15) ADOLF REICHENBACHER BOARD MEMBER	0.30 0.00	X						0.	0.	0.
(16) MARK PAPPAS BOARD MEMBER	0.30 0.00	X						0.	0.	0.
(17) RICK HERMAN VICE CHAIRMAN	0.30 0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RAY SLOVESKO BOARD MEMBER	0.30 0.00	X						0.	0.	0.
(19) KAREN ANDERSON BOARD MEMBER	0.30 0.00	X						0.	0.	0.
(20) JOHN MASTRIAN BOARD MEMBER	0.30 0.00	X						0.	0.	0.
(21) LAURIE STAPH CFO	0.30 40.00			X				0.	66,585.	3,749.
<b>1b Sub-total</b> .....								0.	166,867.	18,116.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								0.	166,867.	18,116.

**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 **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DONGHIA ENVIRONMENTAL SERVICES PO BOX 294, GREENVILLE, PA 16125	WASTE WATER AND SEPTIC SERVICES	110,955.

**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 **1**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b> 58,737.					
	<b>b</b> Membership dues	<b>1b</b> 22,657.					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 87,596.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 44,279.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		213,269.				
	Program Service Revenue	<b>2 a</b> PROGRAM SERVICE FEES	Business Code 624100	48,056.	48,056.		
<b>b</b> EQUIPMENT RENTAL INCOME		532000	27,300.	27,300.			
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			75,356.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		17,617.			17,617.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	10,207.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	0.				
		<b>c</b> Gain or (loss)	10,207.				
	<b>d</b> Net gain or (loss)		10,207.			10,207.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	56,195.				
		<b>b</b> Less: direct expenses	17,680.				
<b>c</b> Net income or (loss) from fundraising events			38,515.			38,515.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	6,938,408.					
	<b>b</b> Less: cost of goods sold	1,183,150.					
	<b>c</b> Net income or (loss) from sales of inventory		5,755,258.	5,755,258.			
Miscellaneous Revenue		Business Code					
<b>11 a</b> MANAGEMENT FEES		561000	66,000.	66,000.			
	<b>b</b> MISCELLANEOUS INCOME	900099	17,238.	17,238.			
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		83,238.				
<b>12 Total revenue.</b> See instructions.			6,193,460.	5,913,852.	0.	66,339.	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response 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				
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				
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	3,423,680.	3,378,858.	44,822.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	96,947.	95,677.	1,270.	
10 Payroll taxes	256,870.	253,441.	3,429.	
11 Fees for services (non-employees):				
a Management	1,691,693.	886,172.	746,933.	58,588.
b Legal	3,491.	2,253.	1,238.	
c Accounting	25,915.		25,915.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	87,725.	63,238.	24,487.	
17 Travel	15,006.	6,867.	8,139.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,150.	12,244.	2,906.	
20 Interest	36,283.	20,308.	15,975.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	149,979.	119,148.	30,831.	
23 Insurance	76,367.	63,877.	12,490.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>TRANSPORTATION</b>	172,180.	150,618.	21,562.	
b <b>TELEPHONE</b>	58,698.	46,796.	11,006.	896.
c <b>SUPPLIES</b>	49,801.	10,840.	38,961.	
d <b>POSTAGE AND SHIPPING</b>	35,942.	17,097.	16,892.	1,953.
e All other expenses	69,723.	27,043.	42,297.	383.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	6,265,450.	5,154,477.	1,049,153.	61,820.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	168,375.	<b>2</b>	134,771.
	<b>3</b> Pledges and grants receivable, net .....	34,754.	<b>3</b>	34,592.
	<b>4</b> Accounts receivable, net .....	596,398.	<b>4</b>	634,219.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	73,476.	<b>8</b>	278,867.
	<b>9</b> Prepaid expenses and deferred charges .....	61,347.	<b>9</b>	42,305.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,615,915.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,355,945.	<b>10c</b>	1,259,970.
	<b>11</b> Investments - publicly traded securities .....	618,445.	<b>11</b>	723,669.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	792.	<b>15</b>	32,346.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,133,748.	<b>16</b>	3,140,739.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	267,103.	<b>17</b>	419,081.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	355,666.	<b>23</b>	568,599.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	0.	<b>25</b>	571,277.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	622,769.	<b>26</b>	1,558,957.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,491,941.	<b>27</b>	1,569,129.
	<b>28</b> Temporarily restricted net assets .....	19,038.	<b>28</b>	12,653.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	1,510,979.	<b>33</b>	1,581,782.
<b>34</b> Total liabilities and net assets/fund balances .....	2,133,748.	<b>34</b>	3,140,739.	



**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	6,193,460.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,265,450.
3	Revenue less expenses. Subtract line 2 from line 1	3	<71,990.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,510,979.
5	Net unrealized gains (losses) on investments	5	58,793.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	84,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,581,782.

**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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?		X
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		

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
KEYSTONE BLIND ASSOCIATION

Employer identification number
25-0969420

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 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 X 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 - Non-functionally integrated
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 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).

Table with 2 columns: Yes, No. Rows 11g(i), 11g(ii), 11g(iii).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (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 monetary support. Includes a Total row.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	337,438.	297,204.	279,368.	232,125.	213,269.	1359404.
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 <b>Total.</b> Add lines 1 through 3 .....	337,438.	297,204.	279,368.	232,125.	213,269.	1359404.
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 <b>Public support.</b> Subtract line 5 from line 4.						1359404.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 .....	337,438.	297,204.	279,368.	232,125.	213,269.	1359404.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	12,610.	7,244.	13,041.	14,910.	17,617.	65,422.
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.) .....	106,870.	72,261.	105,201.	14,649.	17,238.	316,219.
11 <b>Total support.</b> Add lines 7 through 10						1741045.
12 Gross receipts from related activities, etc. (see instructions) .....					12	33,798,574.
13 <b>First five years.</b> 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 <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	14	78.08	%
15 Public support percentage from 2011 Schedule A, Part II, line 14 .....	15	77.22	%
16a <b>33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
16b <b>33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17b <b>10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

Name of the organization

KEYSTONE BLIND ASSOCIATION

Employer identification number

25-0969420

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization <b>KEYSTONE BLIND ASSOCIATION</b>	Employer identification number <b>25-0969420</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PENNSYLVANIA ASSOCIATION FOR THE BLIND 555 GETTYSBURG PIKE, SUITE A300 MECHANICSBURG, PA 17055	\$ 87,596.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	TJ KAVANAGH FOUNDATION INC PO BOX 1667 HERMITAGE, PA 16148	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	UNITED WAY OF MERCER COUNTY 493 SOUTH HERMITAGE ROAD HERMITAGE, PA 16148	\$ 50,610.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	UNITED WAY OF WESTERN CRAWFORD COUNTY PO BOX 554, 415 CHESTNUT ST MEADVILLE, PA 16335	\$ 8,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>KEYSTONE BLIND ASSOCIATION</b>	Employer identification number <b>25-0969420</b>
---	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization  <b>KEYSTONE BLIND ASSOCIATION</b>	Employer identification number  <b>25-0969420</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____



**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, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

**KEYSTONE BLIND ASSOCIATION**

Employer identification number

**25-0969420**

**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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a 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 Tax 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, and not on a historic structure listed in the National Register .....	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 easements 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 section 170(h)(4)(B)(ii)? .....

Yes       No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 XIII. Check here if the explanation has been provided in Part XIII

**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	73,896.	87,394.	56,810.	48,085.	79,099.
b Contributions		1,000.	21,900.		
c Net investment earnings, gains, and losses	10,518.	<3,111.>	8,854.	8,725.	<31,014.>
d Grants or scholarships					
e Other expenditures for facilities and programs		<10,000.>			
f Administrative expenses	<1,187.>	<1,387.>	<170.>		
g End of year balance	83,227.	73,896.	87,394.	56,810.	48,085.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  100.00 %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

4 Describe in Part XIII 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		685,031.	298,405.	386,626.
c Leasehold improvements				
d Equipment		1,517,788.	757,733.	760,055.
e Other		413,096.	299,807.	113,289.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,259,970.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATION	571,277.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	571,277.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	7,537,083.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	58,793.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,284,830.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,343,623.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,193,460.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	6,193,460.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	7,466,280.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,200,830.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,200,830.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,265,450.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	6,265,450.

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

**PART V, LINE 4: ENDOWMENT FUNDS OF \$83,227 AT DECEMBER 31, 2012**

CONSIST OF THE KEYSTONE BLIND ASSOCIATION ENDOWMENT FUND, WHICH WAS ESTABLISHED TO GENERATE INCOME TO FINANCE SPECIAL PROJECTS AND SUPPORT SPECIALIZED SERVICES OR UNUSUAL EXPENDITURES THAT WILL ENHANCE THE MISSION OF THE KEYSTONE BLIND ASSOCIATION.

PART X, LINE 2: THE ASSOCIATION ADOPTED THE PROVISION OF FIN 48 (FASB ASC 740), "UNCERTAIN TAX POSITIONS" STATEMENT.

Part XIII Supplemental Information (continued)

AS A RESULT OF CONTINUING EVALUATION OF STATUTES, TAX LAW CHANGES, AUTHORITATIVE FINDINGS, AUDITS, ETC., MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD RESULT IN A SIGNIFICANT INCREASE OR DECREASE OF UNRECOGNIZED TAX BENEFITS, AND NO ACCRUALS OF INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS ARE INCLUDED IN THE FINANCIAL STATEMENTS.

THE ASSOCIATION FILES AN INCOME TAX RETURN IN THE U.S. FEDERAL JURISDICTION. THERE ARE CURRENTLY NO ONGOING EXAMS OR AUDITS BY ANY TAXING AUTHORITY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES SHOWN AS EXPENSE ON FINANCIAL STATEMENTS	1,183,150.
DIRECT FUNDRAISING COSTS NETTED AGAINST INCOME	17,680.
TRANSFER FROM SUBSIDIARY	84,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,284,830.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES SHOWN AS EXPENSE ON FINANCIAL STATEMENTS	1,183,150.
DIRECT FUNDRAISING COSTS NETTED AGAINST INCOME	17,680.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,200,830.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF OUTING	SIZZLER	2	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	26,567.	26,798.	2,830.	56,195.
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	26,567.	26,798.	2,830.	56,195.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	4,690.	1,101.		5,791.
	<b>6</b> Rent/facility costs .....	2,310.	388.		2,698.
	<b>7</b> Food and beverages .....	5,084.	1,777.		6,861.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	1,392.	938.		2,330.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 17,680 )
<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				38,515.	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
 

<b>13a</b>		%
<b>13b</b>		%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions:
  - a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LAURIE STAPH	CFO	0.	LAURIE STAPH		X
STEVEN SNYDER	DIRECTOR	0.	STEVEN SNYD		X
JONATHAN FISTER	CEO & DIRECTOR	0.	JONATHAN FI		X
GEORGE GERHART	DIRECTOR	0.	GEORGE GERH		X
TIM HOFIUS	DIRECTOR	0.	TIM HOFIUS		X
ALLEN MORGAN	DIRECTOR	0.	ALLEN MORGA		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: LAURIE STAPH

(D) DESCRIPTION OF TRANSACTION: LAURIE STAPH, CFO, SERVES AS SECRETARY FOR THE BEAVER COUNTY ASSOCIATION FOR THE BLIND AND PERFORMS VARIOUS CFO DUTIES THROUGH KEYSTONE INDEPENDENCE MANAGEMENT. IN ADDITION, LAURIE STAPH SERVES ON THE BOARD OF DIRECTORS FOR CENTER FOR THE BLIND & VISUALLY IMPAIRED AND PERFORMS VARIOUS CFO DUTIES FOR THEM THROUGH KEYSTONE INDEPENDENCE MANAGEMENT. SEE PART VII FOR COMPENSATION FROM RELATED ORGANIZATION.

(A) NAME OF PERSON: STEVEN SNYDER

(D) DESCRIPTION OF TRANSACTION: STEVEN SNYDER IS A MEMBER OF THE BOARD OF DIRECTORS OF KEYSTONE INDEPENDENCE MANAGEMENT, WHO PROVIDES MANAGEMENT SERVICES TO KEYSTONE BLIND.

(A) NAME OF PERSON: JONATHAN FISTER

(D) DESCRIPTION OF TRANSACTION: JONATHAN FISTER, CEO OF KEYSTONE BLIND ASSOCIATION, IS ALSO A MEMBER OF THE BOARD OF DIRECTORS OF BEAVER COUNTY ASSOC FOR THE BLIND, AND CENTER FOR THE BLIND & VISUALLY IMPAIRED, ALL RELATED TAX-EXEMPT ORGANIZATIONS.

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

IN ADDITION, THE CEO IS ALSO PRESIDENT AND CEO OF KEYSTONE INDEPENDENCE MANAGEMENT, BEAVER CO ASSOC FOR THE BLIND, CENTER FOR THE BLIND & VISUALLY IMPAIRED, AND CENTER FOR THE BLIND AND DISABLED.

SEE PART VII FOR COMPENSATION FOR COMPENSATION FROM A RELATED ENTITY.

(A) NAME OF PERSON: GEORGE GERHART

(D) DESCRIPTION OF TRANSACTION: GEORGE GERHART, BOARD OF DIRECTORS, IS A MEMBER OF THE BOARD OF DIRECTORS OF KEYSTONE INDEPENDENCE MANAGEMENT, WHO PROVIDES MANAGEMENT SERVICES TO KEYSTONE BLIND.

(A) NAME OF PERSON: TIM HOFIUS

(D) DESCRIPTION OF TRANSACTION: TIM HOFIUS IS ALSO A MEMBER OF THE BOARD OF DIRECTORS OF KEYSTONE INDEPENDENCE MANAGEMENT, WHO PROVIDES MANAGEMENT SERVICES TO KEYSTONE BLIND.

(A) NAME OF PERSON: ALLEN MORGAN

(D) DESCRIPTION OF TRANSACTION: ALLEN MORGAN IS ALSO A MEMBER OF THE BOARD OF DIRECTORS OF KEYSTONE INDEPENDENCE MANAGEMENT, WHO PROVIDES MANAGEMENT SERVICES TO KEYSTONE BLIND.

**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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

KEYSTONE BLIND ASSOCIATION

Employer identification number

25-0969420

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EYE HEALTH AND EYE SAFETY; AND TO PROMOTE EMPLOYMENT FOR ALL PERSONS  
WITH DISABILITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PREVENTION OF BLINDNESS SERVICES INCLUDE PRESCHOOL AND ADULT VISION  
SCREENINGS, EYE HEALTH AND EYE SAFETY EDUCATIONAL PROGRAMS, AND  
EYEGLOSS DISPENSING. PHOTO IDENTIFICATION PROGRAM; PROVIDES EMPLOYMENT  
OPPORTUNITIES TAKING PHOTO DRIVER'S LICENSES FOR THE COMMONWEALTH OF  
PENNSYLVANIA.

EXPENSES \$ 559,515. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER INCOME INCLUDING MANAGEMENT FEES AND MISCELLANEOUS INCOME.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 110,537.

COST OF GOODS SOLD NETTED AGAINST REVENUE

EXPENSES \$ -1,179,721. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: FAMILY RELATIONSHIPS:

JONATHAN FISTER, THE CEO OF KEYSTONE BLIND ASSOCIATION, IS THE HUSBAND OF  
ANN PETERSON, VICE-PRESIDENT OF HUMAN SERVICES FOR KEYSTONE BLIND  
ASSOCIATION.

TRESA TEMPLETON, BOARD MEMBER OF KEYSTONE BLIND ASSOCIATION IS THE

SISTER-IN-LAW OF ADOLF REICHENBACHER, BOARD MEMBER OF KEYSTONE BLIND

Name of the organization KEYSTONE BLIND ASSOCIATION	Employer identification number 25-0969420
--	--

ASSOCIATION.

TONY PAGLIA, BOARD MEMBER OF KEYSTONE BLIND ASSOCIATION, IS THE FATHER-IN-LAW OF KIMBERLY PAGLIA, ORIENTATION AND MOBILITY TEACHER FOR KEYSTONE BLIND ASSOCIATION.

LAURIE STAPH, CFO OF KEYSTONE BLIND ASSOCIATION, IS THE SISTER OF MAUREEN PEROD, HEAD OF THE DEVELOPMENT DEPARTMENT.

BUSINESS RELATIONSHIPS:

JONATHAN FISTER, THE CEO OF KEYSTONE BLIND ASSOCIATION, IS ALSO A MEMBER OF THE BOARD OF DIRECTORS OF BEAVER COUNTY ASSOCIATION FOR THE BLIND, KEYSTONE VOCATIONAL SERVICES, AND CENTER FOR THE BLIND & VISUALLY IMPAIRED, ALL RELATED TAX-EXEMPT ORGANIZATIONS.

IN ADDITION, THE CEO IS ALSO THE PRESIDENT AND CEO OF KEYSTONE INDEPENDENCE MANAGEMENT, BEAVER COUNTY ASSOCIATION FOR THE BLIND, CENTER FOR THE BLIND & VISUALLY IMPAIRED, AND CENTER FOR THE BLIND & DISABLED.

LAURIE STAPH, CFO, SERVES ON THE BOARD OF DIRECTORS FOR CENTER FOR THE BLIND & VISUALLY IMPAIRED AND PERFORMS VARIOUS CFO DUTIES THROUGH KEYSTONE INDEPENDENCE MANAGEMENT.

RAY SLOVESKO IS A MEMBER OF THE BOARD OF DIRECTORS OF KEYSTONE BLIND ASSOCIATION AND IS EMPLOYED BY FIRST NATIONAL BANK, WHICH PROVIDES VARIOUS BANKING SERVICES FOR KEYSTONE BLIND ASSOCIATION.

Name of the organization KEYSTONE BLIND ASSOCIATION	Employer identification number 25-0969420
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ALLEN MORGAN IS A BOARD MEMBER, AND A DIRECTOR AT MERCER COUNTY AREA AGENCY ON AGING WHICH PROVIDES HSDF FUNDING TO KEYSTONE BLIND ASSOCIATION. HE IS ALSO A MEMBER OF THE BOARD OF DIRECTORS OF KEYSTONE INDEPENDENCE MANAGEMENT.

GEORGE GERHART IS ALSO A MEMBER OF THE BOARD OF DIRECTORS OF KEYSTONE INDEPENDENCE MANAGEMENT.

TIM HOFIUS IS ALSO A MEMBER OF THE BOARD OF DIRECTORS OF KEYSTONE INDEPENDENCE MANAGEMENT.

STEVE SNYDER IS ALSO A MEMBER OF THE BOARD OF DIRECTORS OF KEYSTONE INDEPENDENCE MANAGEMENT.

FORM 990, PART VI, SECTION A, LINE 3: KEYSTONE BLIND ASSOCIATION HAS A WHOLLY-CONTROLLED SUBSIDIARY, KEYSTONE INDEPENDENCE MANAGEMENT (A NON-PROFIT CORPORATION) WHOSE PURPOSE IS TO PROVIDE PERSONNEL SERVICES TO KEYSTONE BLIND ASSOCIATION. KEYSTONE INDEPENDENCE MANAGEMENT HAS HIRED ALL THE PROFESSIONAL STAFF FOR THE KEYSTONE BLIND ASSOCIATION AND PROCESSES THE RELATED PAYROLL AND BENEFITS. IN TURN, KEYSTONE BLIND ASSOCIATION PAYS KEYSTONE INDEPENDENCE MANAGEMENT A MANAGEMENT FEE APPROXIMATELY THE COST OF SUCH PAYROLL AND BENEFITS.

FORM 990, PART VI, SECTION B, LINE 11: THE ADMINISTRATIVE/FINANCE COMMITTEE WILL REVIEW THE 990 BEFORE IT IS SUBMITTED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: WRITTEN CONFLICT OF INTEREST, WHISTLEBLOWER, AND DOCUMENT RETENTION AND DESTRUCTION POLICIES WERE

Name of the organization KEYSTONE BLIND ASSOCIATION	Employer identification number 25-0969420
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FORMALLY ADOPTED IN 2009. IT IS THE POLICY OF THE ORGANIZATION TO REQUIRE THAT ALL MEMBERS OF THE BOARD OF DIRECTORS, COMMITTEES AND STAFF DISCLOSE BUSINESS PRACTICES OR CONDUCT THAT COULD CONSTITUTE A CONFLICT BETWEEN THEIR PERSONAL INTERESTS AND THE INTERESTS OF THE ORGANIZATION.

THE ORGANIZATION'S EXECUTIVE OFFICE REGULARLY MONITORS AND UPDATES THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, PROVIDING THE DIRECTORS WITH COPIES AT A BOARD MEETING. OFFICERS, DIRECTORS AND STAFF UPDATE THEIR DISCLOSURES ANNUALLY. POTENTIAL CONFLICTS OF INTEREST INVOLVING DIRECTORS, OFFICERS, MEMBERS OF COMMITTEES AND STAFF ARE IDENTIFIED AND ADDRESSED IN ORDER TO ASSURE THAT THE ORGANIZATION IS TREATED FAIRLY IN ALL ITS BUSINESS DEALINGS.

FORM 990, PART VI, SECTION B, LINE 15: THE ADMINISTRATIVE COMMITTEE OF KEYSTONE BLIND ASSOCIATION REVIEWS AND APPROVES THE COMPENSATION AND BENEFIT PACKAGES OF THE CEO AND OTHER KEY EMPLOYEES. POSITIONS ARE COMPENSATED BY KEYSTONE INDEPENDENCE MANAGEMENT. SALARIES AND BENEFITS ARE COMPARED AND REVIEWED BY THE ADMINISTRATIVE COMMITTEE OF KEYSTONE BLIND ASSOCIATION, WITH THOSE OF THE LOCAL MARKET AND ARE ANALYZED TO DETERMINE A COMPETITIVE SALARY AND BENEFITS PACKAGE FOR THE KEYSTONE BLIND ASSOCIATION.

FORM 990, PART VI, SECTION C, LINE 19: FORM 1023 AND FORM 990 ARE AVAILABLE FOR PUBLIC INSPECTION DURING REGULAR BUSINESS HOURS AT 1230 STAMBAUGH AVENUE, SHARON, PA. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE AT THIS ADDRESS DURING REGULAR BUSINESS HOURS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

232212  
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization <b>KEYSTONE BLIND ASSOCIATION</b>	Employer identification number <b>25-0969420</b>
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TRANSFER FROM SUBSIDIARY	84,000.
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FORM 990, PART XI, LINE 2C

OVERSIGHT OF FINANCIAL STMTS/SELECTION OF AUDITOR.

THE ORGANIZATION HAS NOT CHANGED ITS PROCESS WITH REGARDS TO AUDIT

OVERSIGHT OR METHOD OF SELECTING THE AUDITOR.



**Related Organizations and Unrelated Partnerships**  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **KEYSTONE BLIND ASSOCIATION** Employer identification number **25-0969420**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
KEYSTONE INDEPENDENCE MANAGEMENT - 25-1876726, 1230 STAMBAUGH AVENUE, SHARON, PA 16146	PROV ADMIN SUPPORT TO KEYSTONE BLIND ASSOC & THE BEAVER CO ASSOC FOR BLIND	PENNSYLVANIA	501(C)(3)	SUPPORT ORG TYPE III	N/A		X
BEAVER COUNTY ASSOCIATION FOR THE BLIND - 25-0969475, 616 FOURTH STREET, BEAVER FALLS, PA 15010	TO PROVIDE ACTIVITIES AND SERVICES TO THE BLIND	PENNSYLVANIA	501(C)(3)	170(B)(1) (A)(VI)	N/A		X
KEYSTONE VOCATIONAL SERVICES, INC. - 06-1676932, 1230 STAMBAUGH AVENUE, SHARON, PA 16146	PROVIDE VOCATIONAL/TRAINING SERVICES TO BLIND AND	PENNSYLVANIA	501(C)(3)	509(A)(2)	N/A		X
CNTR FOR THE BLIND & VISUALLY IMPAIRED - 23-1365321, 100 WEST 15TH STREET, CHESTER, PA 19013	TO PROMOTE INDEPENDENCE FOR BLIND AND VISUALLY IMPAIRED PERSONS.	PENNSYLVANIA	501(C)(3)	170(B)(1) (A)(VI)	N/A		X

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

Schedule R (Form 990) 2012

**SEE PART VII FOR CONTINUATIONS**



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

**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
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KEYSTONE INDEPENDENCE MANAGEMENT	M	1,691,693.	FAIR MARKET VALUE
(2) CENTER FOR THE BLIND AND DISABLED	L	12,000.	FAIR MARKET VALUE
(3) CENTER FOR THE BLIND AND DISABLED	L	27,300.	FAIR MARKET VALUE
(4) BEAVER COUNTY ASSOCIATION FOR THE BLIND	L	54,000.	FAIR MARKET VALUE
(5) BEAVER COUNTY ASSOCIATION FOR THE BLIND	L	12,000.	FAIR MARKET VALUE
(6) CENTER FOR THE BLIND AND VISUALLY IMPAIRED	K	17,033.	FAIR MARKET VALUE

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) CENTER FOR THE BLIND AND DISABLED	M	392,378.	FAIR MARKET VALUE
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

KEYSTONE VOCATIONAL SERVICES, INC.

PRIMARY ACTIVITY: PROVIDE VOCATIONAL/TRAINING SERVICES TO BLIND AND  
DISABLED PEOPLE

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions <b>KEYSTONE BLIND ASSOCIATION</b>	Employer identification number (EIN) or <b>25-0969420</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1230 STAMBAUGH AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SHARON, PA 16146</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**Laurie Staph**

• The books are in the care of  **1230 STAMBAUGH AVENUE - SHARON, PA 16146**  
Telephone No.  **724-347-5501** FAX No.  **724-347-2204**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2013**.

5 For calendar year **2012**, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension **AUDITED FINANCIAL STATEMENTS HAVE NOT BEEN RECEIVED.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date