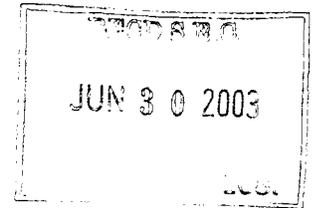




03025548



ORIGINAL

U.S. SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

FORM 11-K

ANNUAL REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES  
EXCHANGE ACT OF 1934

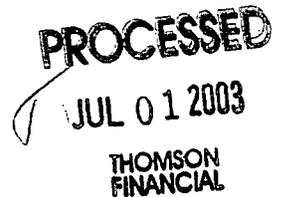
For the fiscal year ended December 31, 2002

OR

TRANSITION REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES  
EXCHANGE ACT OF 1934

For the transition period from ..... to .....

Commission File Number: 0-25328



A. Full title of the Plan:

First Keystone Federal Savings Bank Employees' 401(k) Profit Sharing  
Plan

B. Name of issuer of the securities held pursuant to the Plan and the  
address of its principal executive office:

First Keystone Financial, Inc.  
22 West State Street  
Media, Pennsylvania 19063

As filed on June 30, 2003

## REQUIRED INFORMATION

(a) Financial Statements:

The following Annual Return/Report of Employer Benefit Plan on Form 5500 and related schedules are filed as part of the annual report for First Keystone Federal Savings Bank Employees' 401(k) Profit Sharing Plan and appear immediately after the signature page.

Annual Return/Report of Employer Benefit Plan on Form 5500

Supplemental Schedules:

Schedule A - Insurance Information

Schedule D - DFE/Participating Plan Information

Schedule I - Financial Information-Small Plan

Schedule P- Annual Return of Fiduciary of Employee Benefit Trust

Schedule R - Retirement Plan Information

Schedule SSA - Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

Schedule T - Qualified Pension Plan Coverage Information

(b) Exhibits:

The following exhibit is filed as part of this annual report.

Exhibit No.	Description
99.1	Section 906 Certification

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the trustees have duly caused this annual report to be signed by the undersigned hereunto duly authorized.

**FIRST KEYSTONE FEDERAL SAVINGS BANK  
EMPLOYEES' 401(K) PROFIT SHARING PLAN**

**TRUSTEES**

Date: June 30, 2003

By: Donald S. Guthrie  
Donald S. Guthrie, Trustee

By: Thomas M. Kelly  
Thomas M. Kelly, Trustee

By: Elizabeth M. Mulcahy  
Elizabeth M. Mulcahy, Trustee

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only  
 OMB Nos. 1210 - 0110  
 1210 - 0089

**2002**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For the calendar plan year 2002 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

- A** This return/report is for: (1)  a multiemployer plan; (3)  a multiple-employer plan; or  
 (2)  a single-employer plan (other than a multiple-employer plan); (4)  a DFE (specify) \_\_\_\_\_
- B** This return/report is: (1)  the first return/report filed for the plan; (3)  the final return/report filed for the plan;  
 (2)  an amended return/report; (4)  a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here \_\_\_\_\_
- D** If filing under an extension of time or the DFVC program, check box and attach required information (see instructions) \_\_\_\_\_

**Part II Basic Plan Information -- enter all requested information.**

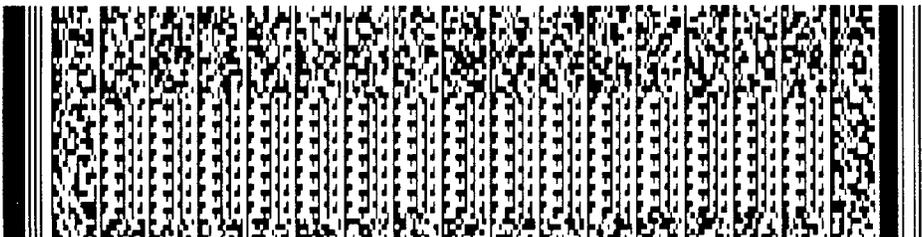
<p><b>1a</b> Name of plan                  FIRST KEYSTONE FEDERAL SAVINGS BANK 401 (K)                  PROFIT SHARING PLAN</p>	<p><b>1b</b> Three-digit plan number (PN) ▶ 002</p>
<p><b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)                  (Address should include room or suite no.)                  FIRST KEYSTONE FEDERAL SAVINGS BANK                   22 WEST STATE STREET                   MEDIA PA 19063</p>	<p><b>1c</b> Effective date of plan (mo., day, yr.)                  01/01/1993</p> <p><b>2b</b> Employer Identification Number (EIN)                  23-0469351</p> <p><b>2c</b> Sponsor's telephone number                  610-565-6210</p> <p><b>2d</b> Business code (see instructions)                  522110</p>

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

<b>SIGN HERE</b>	<i>Kathy A. Williams</i>	6/12/03	KATHY A. WILLIAMS
	Signature of plan administrator	Date	Type or print name of individual signing as plan administrator
<b>SIGN HERE</b>	<i>Thomas M. Kelly</i>	6/12/03	THOMAS M. KELLY
	Signature of employer/plan sponsor/DFE	Date	Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v5.0 Form 5500 (2002)



3a Plan administrator's name and address (If same as plan sponsor, enter "Same")  
SAME

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

b EIN

a Sponsor's name

c PN

5 Preparer information (optional) a Name (including firm name, if applicable) and address

b EIN

c Telephone number

6 Total number of participants at the beginning of the plan year	6	85
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
a Active participants	7a	69
b Retired or separated participants receiving benefits	7b	7
c Other retired or separated participants entitled to future benefits	7c	15
d Subtotal. Add lines 7a, 7b, and 7c	7d	91
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	7e	0
f Total. Add lines 7d and 7e	7f	91
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	7g	88
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	7h	0
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	7i	1

8 Benefits provided under the plan (complete 8a and 8b as applicable)

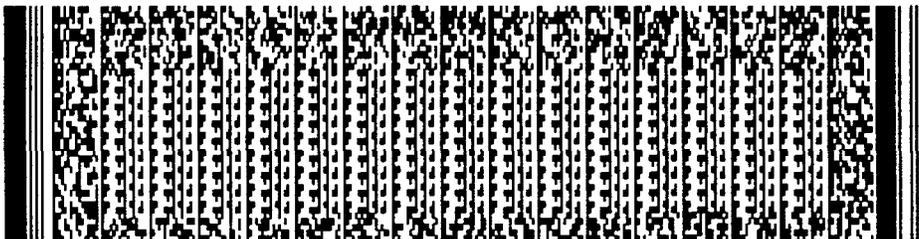
- a  Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):  2E  2G  2J  2K
- b  Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

9a Plan funding arrangement (check all that apply)

- (1)  Insurance
- (2)  Code section 412(i) insurance contracts
- (3)  Trust
- (4)  General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1)  Insurance
- (2)  Code section 412(i) insurance contracts
- (3)  Trust
- (4)  General assets of the sponsor



10 Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

a Pension Benefit Schedules

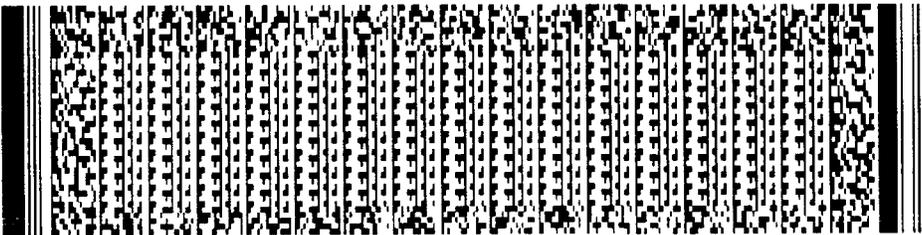
- (1)  R (Retirement Plan Information)
- (2)  1 T (Qualified Pension Plan Coverage Information)

If a Schedule T is not attached because the plan is relying on coverage testing information for a prior year, enter the year .....

- (3)  B (Actuarial Information)
- (4)  E (ESOP Annual Information)
- (5)  SSA (Separated Vested Participant Information)

b Financial Schedules

- (1)  H (Financial Information)
- (2)  I (Financial Information -- Small Plan)
- (3)  1 A (Insurance Information)
- (4)  C (Service Provider Information)
- (5)  D (DFE/Participating Plan Information)
- (6)  G (Financial Transaction Schedules)
- (7)  1 P (Trust Fiduciary Information)



**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
  
Department of Labor  
Pension and Welfare Benefits Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

► **File as an attachment to Form 5500.**

► Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2002**

**This Form is Open to  
Public Inspection**

For calendar year 2002 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

<b>A</b> Name of plan FIRST KEYSTONE FEDERAL SAVINGS BANK 401 (K) PROFIT SHARING P	<b>B</b> Three-digit plan number 002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 FIRST KEYSTONE FEDERAL SAVINGS BANK	<b>D</b> Employer Identification Number 23-0469351

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage:

(a) Name of insurance carrier

THE EQUITABLE LIFE ASSURANCE SOCIETY OF THE UNITED STATES

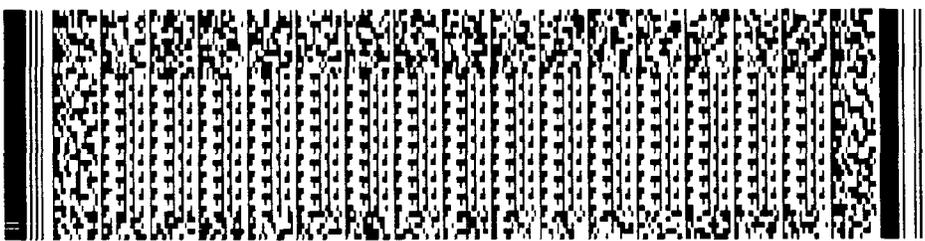
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	91663753	83	01/01/2002	12/31/2002

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid	Total fees paid / amount
2087	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v5.0 Schedule A (Form 5500) 2002



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

ROBERT A CINALLI  
40 MONUMENT ROAD  
BALA CYNWYD

PA 19004

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
1114			3

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

MATTHEW FRISCH  
40 MONUMENT RD, 4TH FLOOR  
BALA CYNWYD

PA 19004

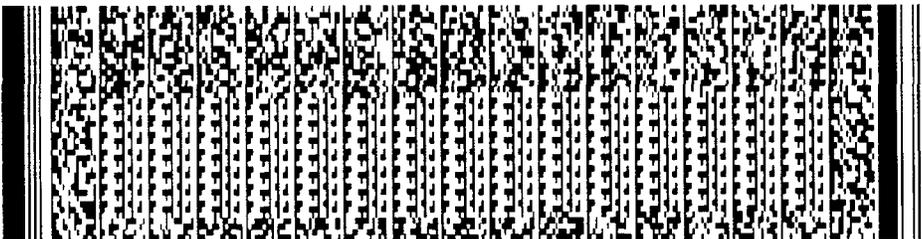
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
347			3

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

JOHN M STACK II  
40 MONUMENT ROAD  
BALA CYNWYD

PA 19004

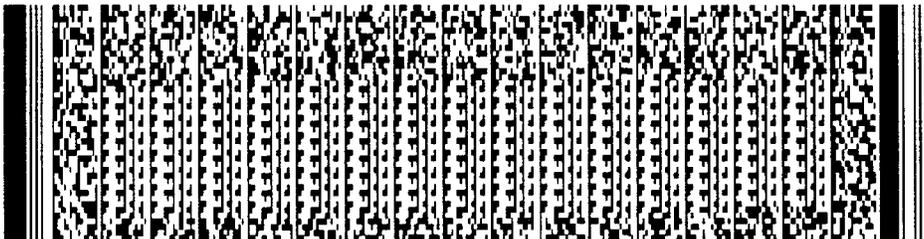
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
626			3



**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....		236962
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....		685970
<b>5</b>	Contracts With Allocated Funds		
<b>a</b>	State the basis of premium rates ▶ .....		
<b>b</b>	Premiums paid to carrier .....		
<b>c</b>	Premiums due but unpaid at the end of the year .....		
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount .....		
	Specify nature of costs ▶ .....		
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity		
	(3) <input type="checkbox"/> other (specify) ▶ .....		
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....		
<b>6</b>	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee		
	(3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) .....		
<b>b</b>	Balance at the end of the previous year .....		165369
<b>c</b>	Additions: (1) Contributions deposited during the year .....		
	(2) Dividends and credits .....	88498	
	(3) Interest credited during the year .....	8471	
	(4) Transferred from separate account .....	34470	
	(5) Other (specify below) .....	10582	
	▶ LOAN PRINCIPAL & INTEREST REPAID .....		
	(6) Total additions .....		142021
<b>d</b>	Total of balance and additions (add b and c) .....		
			307390
<b>e</b>	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	32491	
	(2) Administration charge made by carrier .....	214	
	(3) Transferred to separate account .....	24432	
	(4) Other (specify below) .....	13291	
	▶ LOAN ISSUED .....		
	(5) Total deductions .....		70428
<b>f</b>	Balance at the end of the current year (subtract e (5) from d) .....		
			236962



**Part III** Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

**7** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life Insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**8** Experience-rated contracts

<b>a</b>	Premiums: (1) Amount received		
	(2) Increase (decrease) in amount due but unpaid		
	(3) Increase (decrease) in unearned premium reserve		
	(4) Earned ((1) + (2) - (3))		
<b>b</b>	Benefit charges: (1) Claims paid		
	(2) Increase (decrease) in claim reserves		
	(3) Incurred claims (add (1) and (2))		
	(4) Claims charged		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions		
	(B) Administrative service or other fees		
	(C) Other specific acquisition costs		
	(D) Other expenses		
	(E) Taxes		
	(F) Charges for risks or other contingencies		
	(G) Other retention charges		
	(H) Total retention		
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
	(2) Claim reserves		
	(3) Other reserves		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

**9** Nonexperience-rated contracts:

- a** Total premiums or subscription charges paid to carrier
  - b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount
- Specify nature of costs ▶



**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits Administration

**DFE/Participating Plan Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**2002**

**This Form is Open to  
Public Inspection**

For calendar plan year or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**A** Name of plan or DFE  
FIRST KEYSTONE FEDERAL SAVINGS BANK 401 (K) PROFIT SHARING P **B** Three-digit plan number 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500  
FIRST KEYSTONE FEDERAL SAVINGS BANK **D** Employer Identification Number 23-0469351

**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**

(a) Name of MTIA, CCT, PSA, or 103-12IE POOLED SEPARATE ACCOUNT 65

(b) Name of sponsor of entity listed in (a) EQUITABLE LIFE

(c) EIN-PN 13-5570651-065 (d) Entity code P (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) 685970

(a) Name of MTIA, CCT, PSA, or 103-12IE \_\_\_\_\_

(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12IE \_\_\_\_\_

(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

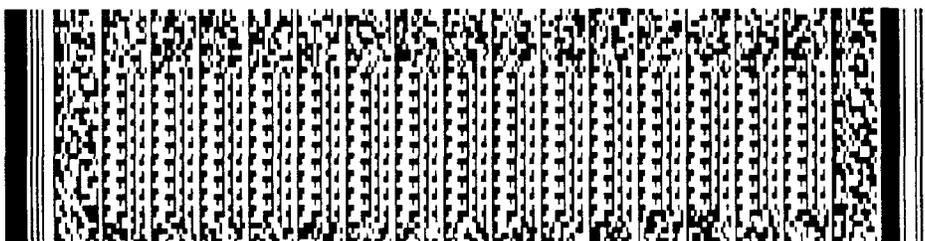
(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12IE \_\_\_\_\_

(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \_\_\_\_\_

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v5.0 Schedule D (Form 5500) 2002



(a) Name of MTIA, CCT, PSA, or 103-12IE \_\_\_\_\_

(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12IE \_\_\_\_\_

(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12IE \_\_\_\_\_

(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12IE \_\_\_\_\_

(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12IE \_\_\_\_\_

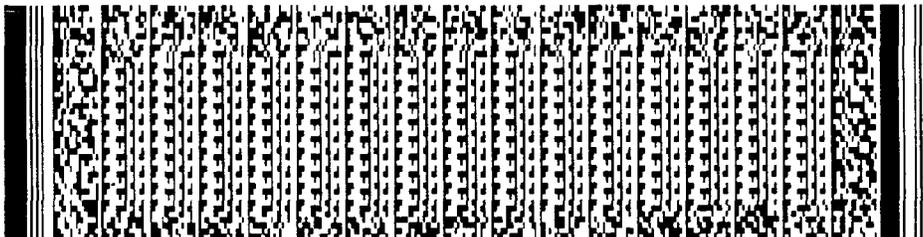
(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \_\_\_\_\_

(a) Name of MTIA, CCT, PSA, or 103-12IE \_\_\_\_\_

(b) Name of sponsor of entity listed in (a) \_\_\_\_\_

(c) EIN-PN \_\_\_\_\_ (d) Entity code \_\_\_\_\_ (e) Dollar value of interest in MTIA, CCT, PSA, or 103-12IE at end of year (see instructions) \_\_\_\_\_



**Part II** Information on Participating Plans (to be completed by DFEs)

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

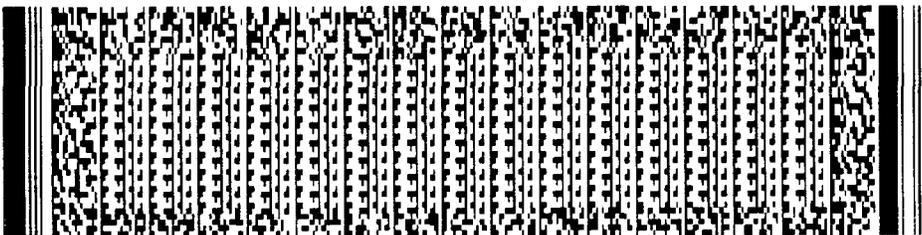
(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_

(a) Plan name \_\_\_\_\_

(b) Name of plan sponsor \_\_\_\_\_ (c) EIN-PN \_\_\_\_\_



**SCHEDULE I  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits  
Administration

Pension Benefit Guaranty Corporation

**Financial Information -- Small Plan**

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

**2002**

**This Form is Open  
to Public Inspection.**

For calendar year 2002 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

<b>A</b> Name of plan FIRST KEYSTONE FEDERAL SAVINGS BANK 401 (K) PROFIT SHARING P	<b>B</b> Three-digit plan number 002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 FIRST KEYSTONE FEDERAL SAVINGS BANK	<b>D</b> Employer Identification Number 23-0469351

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1 Plan Assets and Liabilities:	(a) Beginning of Year	(b) End of Year
a Total plan assets	1a 2102715	2354370
b Total plan liabilities	1b 9417	
c Net plan assets (subtract line 1b from line 1a)	1c 2093298	2354370

2 Income, Expenses, and Transfers for this Plan Year:	(a) Amount	(b) Total
a Contributions received or receivable		
(1) Employers	2a(1) 37477	
(2) Participants	2a(2) 210874	
(3) Others (including rollovers)	2a(3) 15316	
b Noncash contributions	2b 0	
c Other income	2c 33094	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d	296761
e Benefits paid (including direct rollovers)	2e 35196	
f Corrective distributions (see instructions)	2f 0	
g Certain deemed distributions of participant loans (see instructions)	2g 0	
h Other expenses	2h 493	
i Total expenses (add lines 2e, 2f, 2g, and 2h)	2i	35689
j Net income (loss) (subtract line 2i from line 2d)	2j	261072
k Transfers to (from) the plan (see instructions)	2k	

**3 Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	Yes	No	Amount
a Partnership/joint venture interests	3a	X	
b Employer real property	3b	X	



	Yes	No	Amount
3c Real estate (other than employer real property) .....		X	
d Employer securities .....	X		1329728
e Participant loans .....	X		52182
f Loans (other than to participants) .....		X	
g Tangible personal property .....		X	

**Part II Transactions During Plan Year**

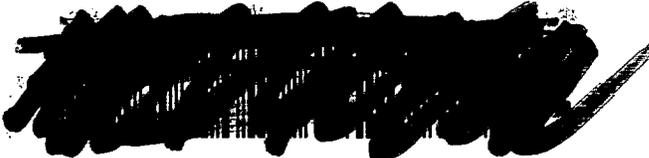
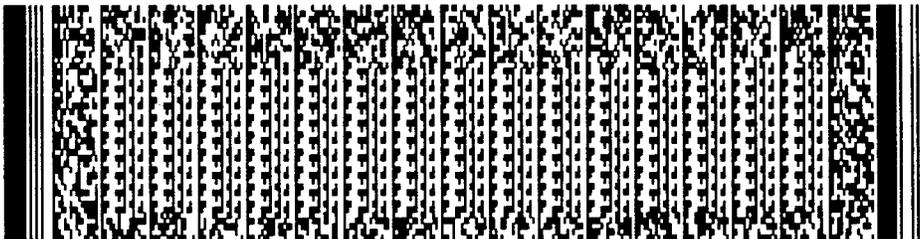
During the plan year:

	Yes	No	Amount
4a Did the employer fail to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participants' account balance .....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....		X	
d Did the plan engage in any nonexempt transaction with any party-in-interest? .....		X	
e Was the plan covered by a fidelity bond? .....	X		2910000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If no, attach the IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year.  Yes  No Amount \_\_\_\_\_

5b If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
_____	_____	_____
_____	_____	_____



SCHEDULE P  
(FORM 5500)

Annual Return of Fiduciary  
of Employee Benefit Trust

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

▶ File as an attachment to Form 5500 or 5500-EZ.

Department of the Treasury  
Internal Revenue Service

Official Use Only

OMB No. 1210-0110

2002

This Form is Open to  
Public Inspection.

For trust calendar year 2002 or fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

1a Name of trustee or custodian

THOMAS M KELLY

b Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)

22 WEST STATE STREET

c City or town, state, and ZIP code

MEDIA PA 19063

2a Name of trust

FIRST KEYSTONE FEDERAL SAVINGS BANK 401 (K) PROFIT SHARING PLAN

b Trust's employer identification number 23-2747853

3 Name of plan if different from name of trust

4 Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)?  Yes  No

5 Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ 23-0469351

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.

SIGN  
HERE

Signature of  
fiduciary ▶

*Thomas M. Kelly* TRUSTEE

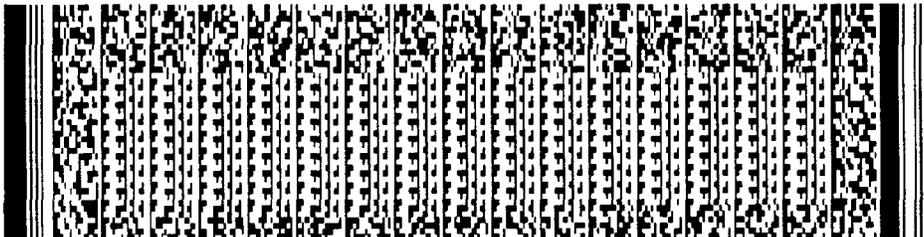
Date ▶

6/13/03

For the Paperwork Reduction Notice and OMB Control Numbers,  
see the instructions for Form 5500 or 5500-EZ.

v5.0

Schedule P (Form 5500) 2002





**SCHEDULE SSA  
(Form 5500)**

**Annual Registration Statement Identifying Separated  
Participants With Deferred Vested Benefits**

Under Section 6057(a) of the Internal Revenue Code

▶ **File as an attachment to Form 5500 unless box 1b is checked.**

Department of the Treasury  
Internal Revenue Service

Official Use Only

OMB No. 1210-0110

**2002**

**This Form is NOT Open  
to Public Inspection.**

For calendar year 2002 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**A** Name of plan  
FIRST KEYSTONE FEDERAL SAVINGS BANK 401 (K) PROFIT SHARING P

**B** Three-digit plan number ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500  
FIRST KEYSTONE FEDERAL SAVINGS BANK

**D** Employer Identification Number  
23-0469351

**1a**  Check here if additional participants are shown on attachments. All attachments must include the sponsor's name, EIN, name of plan, plan number, and column identification letter for each column completed for line 4.

**1b**  Check here if plan is a government, church or other plan that elects to voluntarily file Schedule SSA. If so, complete lines 2 through 3c, and the signature area. Otherwise, complete the signature area only.

**2** Plan sponsor's address (number, street, and room or suite no.) (If a P.O. box, see the instructions for line 2.)  
  
City or town, state, and ZIP code

**3a** Name of plan administrator (if other than sponsor)

**3b** Administrator's EIN

**3c** Number, street, and room or suite no. (If a P.O. box, see the instructions for line 2.)  
  
City or town, state, and ZIP code

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

**SIGN HERE** Signature of plan administrator ▶ *Kathy A Williams*

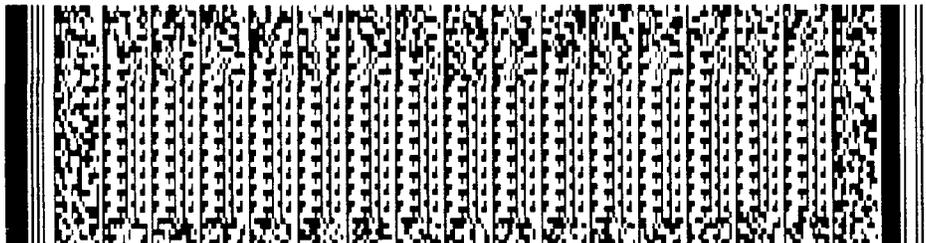
Phone number of plan administrator ▶ 610-565-6210 Date ▶ 6/12/03



- 4** Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits that:
- Code A** -- has not previously been reported.
  - Code B** -- has previously been reported under the above plan number but requires revisions to the information previously reported.
  - Code C** -- has previously been reported under another plan number but will be receiving their benefits from the plan listed above instead.
  - Code D** -- has previously been reported under the above plan number but is no longer entitled to those deferred vested benefits.

Use with entry code "A", "B", "C", or "D"				Use with entry code "A" or "B"			
(a) Entry Code	(b) Social Security Number	(c) Name of Participant  (First) (M.I.) (Last)		Enter code for nature and form of benefit		Amount of vested benefit	
				(d) Type of annuity	(e) Payment frequency	(f) Defined benefit plan -- periodic payment	
A	178645243	DEANDRA		JACOBS	A	A	

Use with entry code "A" or "B"				Use with entry code "C"	
(a) Entry Code	Amount of vested benefit		(h) Total value of account	(i) Previous sponsor's employer identification number	(j) Previous plan number
	(g) Units or shares	Share indicator			
			3334.80		



Official Use Only

OMB No. 1210-0110

2002

This Form is Open to Public Inspection.

SCHEDULE T (Form 5500)

Qualified Pension Plan Coverage Information

This form is required to be filed under section 6058(a) of the Internal Revenue Code (the Code).

Department of the Treasury Internal Revenue Service

File as an attachment to Form 5500.

For calendar year 2002 or fiscal plan year beginning and ending
A Name of plan: FIRST KEYSTONE FEDERAL SAVINGS BANK 401 (K) PROFIT SHARING P
B Three-digit plan number: 002
C Plan sponsor's name as shown on line 2a of Form 5500: FIRST KEYSTONE FEDERAL SAVINGS BANK
D Employer Identification Number: 23-0469351

Note: If the plan is maintained by:

- More than one employer and benefits employees who are not collectively-bargained employees, a separate Schedule T may be required for each employer (see the instruction for line 1).
An employer that operates qualified separate lines of business (QSLOBs) under Code section 414(r), a separate Schedule T may be required for each QSLOB (see the instruction for line 2).

1 If this schedule is being filed to provide coverage information regarding the noncollectively bargained employees of an employer participating in a plan maintained by more than one employer, enter the name and EIN of the participating employer:

1a Name of participating employer
1b Employer identification number

2 If the employer maintaining the plan operates QSLOBs, enter the following information:

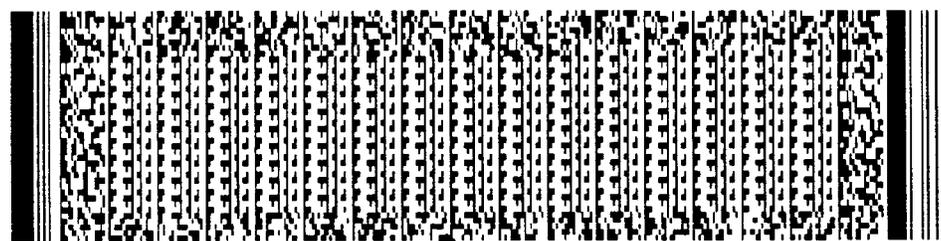
- a The number of QSLOBs that the employer operates is
b The number of such QSLOBs that have employees benefiting under this plan is
c Does the employer apply the minimum coverage requirements to this plan on an employer-wide rather than a QSLOB basis? Yes No
d If the entry on line 2b is two or more and line 2c is "No," identify the QSLOB to which the coverage information given on line 3 or 4 relates.

3 Exceptions -- Check the box before each statement that describes the plan or the employer. Also see instructions

If you check any box, do not complete the rest of this Schedule.

- a The employer employs only highly compensated employees (HCEs).
b No HCEs benefited under the plan at anytime during the plan year.
c The plan benefits only collectively-bargained employees.
d [X] The plan benefits all nonexcludable nonhighly compensated employees of the employer (as defined in Code sections 414(b), (c), and (m)), including leased employees and self-employed individuals.
e The plan is treated as satisfying the minimum coverage requirements under Code section 410(b)(6)(C).

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v5.0 Schedule T (Form 5500) 2002



- 4 Enter the date the plan year began for which coverage data is being submitted. Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_
- a Did any leased employees perform services for the employer at any time during the plan year?  Yes  No
- b In testing whether the plan satisfies the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4), does the employer aggregate plans?  Yes  No

c Complete the following:

- (1) Total number of employees of the employer (as defined in Code section 414(b), (c), and (m)), including leased employees and self-employed individuals. c(1)
- (2) Number of excludable employees as defined in IRS regulations (see instructions). c(2)
- (3) Number of nonexcludable employees. (Subtract line 4c(2) from line 4c(1)) c(3)
- (4) Number of nonexcludable employees (line 4c(3)) who are HCEs c(4)
- (5) Number of nonexcludable employees (line 4c(3)) who benefit under the plan c(5)
- (6) Number of benefiting nonexcludable employees (line 4c(5)) who are HCEs. c(6)

d Enter the plan's ratio percentage and, if applicable, identify the disaggregated part of the plan to which the information on lines 4c and 4d pertains (see instructions) d \_\_\_\_\_ %

e Identify any disaggregated part of the plan and enter the ratio percentage or exception (see instructions).

Disaggregated part:

Ratio Percentage:

Exception:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

f This plan satisfies the coverage requirements on the basis of (check one): (1)  the ratio percentage test (2)  average benefit test

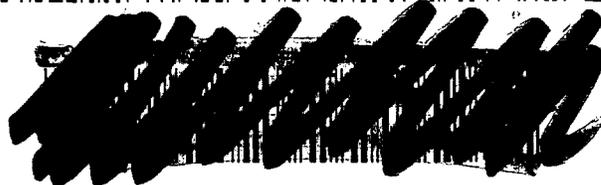


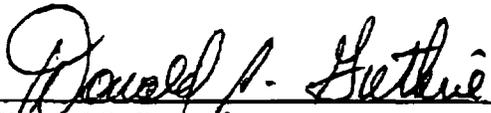
Exhibit 99  
Section 906 Certification

**STATEMENT PURSUANT TO  
18 U.S.C. SECTION 1350  
AS REQUIRED BY  
SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002**

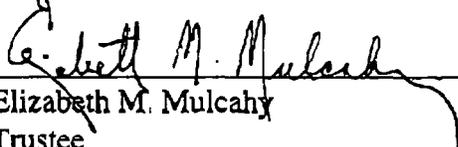
In connection with the Annual Report of the First Keystone Federal Savings Bank Employees' 401(k) Profit Sharing Plan (the "Plan") on Form 11-K (the "Report") for the fiscal year ending December 31, 2002, as filed with the Securities and Exchange Commission, the undersigned hereby certifies that to the best of their knowledge:

1. The Report fully complies with the requirements of section 13(a) or 15(d) of the Securities and Exchange Act of 1934; and
2. The information contained in the Report fairly presents, in all material respects, the financial condition and results of operations of the Plan.

June 30, 2003

  
\_\_\_\_\_  
Donald S. Guthrie  
Trustee

  
\_\_\_\_\_  
Thomas M. Kelly  
Trustee

  
\_\_\_\_\_  
Elizabeth M. Mulcahy  
Trustee