

EXTENDED TO MAY 15, 2023

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

2021

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing organization name (CENTRE COUNTY YOUTH SERVICE BUREAU), address (325 W AARON DRIVE, STATE COLLEGE, PA 16803), and book value of assets (6,592,097).

Section G-L: Check organization type (501(c) corporation), filing options, and books in care of HEATHER BROWN, CFO.

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from 0 to 1,000.

Table for Part II: Tax Computation. Rows 1-7 showing tax amounts, ending with a total of 0.

LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2021)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a	724.	
b	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	650.	
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		1,374.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		1,374.
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax 1,374. Refunded	11		0.

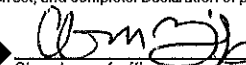
Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No						
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X						
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$								
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.								
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.								
<table border="1"> <thead> <tr> <th>Business Activity Code</th> <th>Available post-2017 NOL carryover</th> </tr> </thead> <tbody> <tr> <td>531120</td> <td>\$ 2,889.</td> </tr> <tr> <td></td> <td>\$</td> </tr> </tbody> </table>		Business Activity Code	Available post-2017 NOL carryover	531120	\$ 2,889.		\$		
Business Activity Code	Available post-2017 NOL carryover								
531120	\$ 2,889.								
	\$								
6a	Did the organization change its method of accounting? (see instructions)		X						
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V								

Part V Supplemental Information

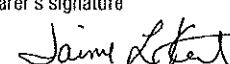
Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here  **CHIEF EXECUTIVE OFFICER**
 Signature of officer Date 3/1/2023 Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check self-employed	PTIN
JAIME L. KUNTZ, CPA		3/1/23		P01272711
Firm's name	Firm's EIN		Firm's address	
BAKER TILLY US, LLP	39-0859910		1570 FRUITVILLE PIKE, SUITE 400	
Firm's address		Phone no.		
LANCASTER, PA 17601		717.740.4863		

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

1
OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization CENTRE COUNTY YOUTH SERVICE BUREAU	B Employer identification number 25-1220005
C Unrelated business activity code (see instructions) ▶ 531120	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **COMMERCIAL RENTAL**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7	14,044.	17,684.
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		-3,640.
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	14,044.	17,684.
			-3,640.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-3,640.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	-3,640.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Line 1: Inventory at beginning of year. Line 2: Purchases. Line 3: Cost of labor. Line 4: Additional section 263A costs. Line 5: Other costs. Line 6: Total. Line 7: Inventory at end of year. Line 8: Cost of goods sold. Line 9: Do the rules of section 263A apply to the organization? Yes/No.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Line 1: Description of property. Lines 2a-c: Rent received or accrued from personal property, real and personal property, and total rents. Line 3: Total rents received or accrued. Line 4: Deductions directly connected with the income. Line 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Line 1: Description of debt-financed property (114 N SPRING STREET, BELLEFONTE, PA 16823). Lines 2-8: Gross income, deductions, average acquisition debt, average adjusted basis, and gross income reportable. Lines 9-11: Allocable deductions, total allocable deductions, and total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0.

Add columns 6 and 11. Enter here and on Part I, line 8, column (B) 0.

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals		Add amounts in column 2. Enter here and on Part I, line 9, column (A) 0.		Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/21	2,889.	0.	2,889.	2,889.
NOL CARRYOVER AVAILABLE THIS YEAR			2,889.	2,889.

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 2
AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
	1	
BEGINNING FIRST MONTH		162,550.
BEGINNING SECOND MONTH		161,875.
BEGINNING THIRD MONTH		161,196.
BEGINNING FOURTH MONTH		160,515.
BEGINNING FIFTH MONTH		159,831.
BEGINNING SIXTH MONTH		159,144.
BEGINNING SEVENTH MONTH		158,454.
BEGINNING EIGHTH MONTH		157,762.
BEGINNING NINTH MONTH		157,066.
BEGINNING TENTH MONTH		156,367.
BEGINNING ELEVENTH MONTH		154,962.
BEGINNING TWELFTH MONTH		154,255.
TOTAL OF ALL MONTHS		1,903,977.
NUMBER OF MONTHS IN YEAR		12
AVERAGE ACQUISITION DEBT		158,665.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 3
AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
	1	
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF YEAR		176,286.
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF YEAR		169,694.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		<u>172,990.</u>

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		6,593.	
- SUBTOTAL -	1		<u>6,593.</u>
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			<u>6,593.</u>

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
INSURANCE		1,561.		
PROPERTY TAXES		1,789.		
INTEREST EXPENSE		7,905.		
MAINTENANCE		1,333.		
OTHER MISCELLANEOUS		99.		
- SUBTOTAL -	1	12,687.	1.00	<u>12,687.</u>
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				<u>12,687.</u>

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. CENTRE COUNTY YOUTH SERVICE BUREAU	Taxpayer identification number (TIN) 25-1220005
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 325 W AARON DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. STATE COLLEGE, PA 16803	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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
Form 990-T (corporation)	07		

HEATHER BROWN, CFO

- The books are in the care of ▶ **325 W AARON DRIVE - STATE COLLEGE, PA 16803**

Telephone No. ▶ **(814) 237-5731** Fax No. ▶ _____

- 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0.
3b If this application is for Forms 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.	3b	\$ 724.
3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.