			EXTENDED TO MAY 15, 2023		
Form	990-T	E	Exempt Organization Business Income Tax Returi (and proxy tax under section 6033(e))	n	OMB No. 1545-0047
			0004		
		For cal	lendar year 2021 or other tax year beginning $ \underline{JUL}   1  ,    2021  $ , and ending $ \underline{JUN}   30  ,    20   $	<u>22</u> .	<b>ZUZ I</b>
Depart Interna	lment of the Treasury al Revenue Service	<b> </b>	▶ 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
<b>A</b> [	Check box if address changed.		Name of organization (	DEmp	loyer identification number
B Ex	cempt under section	Print	CENTRE COUNTY YOUTH SERVICE BUREAU	2	5-1220005
X	501(C)(3) 408(θ) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 325 W AARON DRIVE	E Grou (see	p exemption number Instructions)
	408A530(a) 529(a)529A		City or town, state or province, country, and ZIP or foreign postal code STATE COLLEGE, PA 16803	E	Check box if
-	] 020(u)020(t	C Bo	ok value of all assets at end of year	┥ ー	an amended return.
G	Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust		ar amonded retain.
			Claim credit from Form 8941 Claim a refund shown on Form 2439		
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		<b>N</b>
			ed Schedules A (Form 990-T)		1
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	<b>&gt;</b>	Yes X No
	f "Yes," enter the na	ame an	d identifying number of the parent corporation.	,	
L T	he books are in car			(814	) 237-5731
Pai	rt I 📗 Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)		······································	1	0.
2				2	
3	Add lines 1 and 2			3	
4		,	see instructions for limitation rules)	4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net	operatii	ng loss, See instructions	6	
7			ss taxable Income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	;	7	
8			ally \$1,000, but see instructions for exceptions)	8	1,000.
9			duction. See instructions	9_	1 000
10	Total deductions.			10	1,000.
11		ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
Da	enter zerort II Tax Com		O.V.	11	0.
					0.
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2		<b>—</b>	ates. See instructions for tax computation, Income tax on the amount on		
	Part I, line 11 from	-	Tax rate schedule or Schedule D (Form 1041)	1	
3	Proxy tax. See ins Other tax amounts			3 4	<del>                                     </del>
4 5	Alternative minimu			5	<del>                                     </del>
6			trusts only) cility income. See instructions	6	
, G 7			n 6 to line 1 or 2 whichever applies	7	0.

Form 990-T (2021)

LHA For Paperwork Reduction Act Notice, see instructions.

	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			
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits, Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			1 . I	0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form	8697	Form 8866		
	Other (attach statement)			3	
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previ				
	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), li			<del> </del>	0.
6a	Payments: A 2020 overpayment credited to 2021		724		
b	2021 estimated tax payments. Check if section 643(g) election applies	6b	650		
c	Tax deposited with Form 8868	_			
d	Foreign organizations: Tax pald or withheld at source (see instructions)				
e	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Other credits, adjustments, and payments: Form 2439			<b></b>	
3	Form 4136 Other Total <b>&gt;</b>	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 overp	aid		10	1,374.
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax				0.
Part					
1	At any time during the 2021 calendar year, did the organization have an interest in or	a signature o	or other authorit	v	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	_		•	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the		•		
	here >		g	•	X
2	During the tax year, did the organization receive a distribution from, or was it the gran	ntor of, or tran	sferor to, a		
	foreign trust?	•	,		Х
	If "Yes," see instructions for other forms the organization may have to file.		***************************************		
3	, <u> </u>		<b>.</b> .		
	Enter the amount of tax-exempt interest received or accrued during the tax year		<b>&gt;</b> 5		
4	Enter the amount of tax-exempt interest received or accrued during the tax year  Enter available pre-2018 NOL carryovers here  \$ Do not in				
4	Enter available pre-2018 NOL carryovers here > \$ Do not in	nclude any p	ost-2017 NOL o	•	
	Enter available pre-2018 NOL carryovers here \$ Do not it shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a	nclude any p any deductior	ost-2017 NOL o reported on Pa	•	
<b>4</b> 5	Enter available pre-2018 NOL carryovers here \( \bigs \) \( \bigs \) Do not in shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NO.	nclude any p any deductior L carryovers.	ost-2017 NOL on reported on Pa Don't reduce	art I, line 4.	
	Enter available pre-2018 NOL carryovers here \( \) \( \) \( \) \( \) Do not in shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the shown below by any NOL claimed on any Schedule A.	nclude any p any deductior L carryovers, the tax year.	ost-2017 NOL on reported on Pa Don't reduce See instruction	art I, line 4. ns.	
	Enter available pre-2018 NOL carryovers here \( \) \( \) \( \) \( \) \( \) Do not in shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code	nclude any p any deductior L carryovers, the tax year. Available	ost-2017 NOL on reported on Pa Don't reduce See instruction	art I, line 4. ns. - carryover	
	Enter available pre-2018 NOL carryovers here \$ Do not in shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code  531120 \$	nclude any p any deductior L carryovers, the tax year, Available	ost-2017 NOL on reported on Pa Don't reduce See instruction	art I, line 4. ns.	
5	Enter available pre-2018 NOL carryovers here \$ Do not in shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code  531120 \$	nclude any p any deductior L carryovers, the tax year, Available	ost-2017 NOL on reported on Pa Don't reduce See instruction	art I, line 4. ns. - carryover	
5 6a	Enter available pre-2018 NOL carryovers here \( \) \( \) \( \) Do not it shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code  \[ \) \( \	nclude any p any deductior L carryovers, the tax year. Available	ost-2017 NOL of reported on Proported on Proported on Proported on Proportion of the Proportion	art I, line 4. ns. - carryover	X
5	Enter available pre-2018 NOL carryovers here \$ Do not in shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code  531120 \$  Did the organization change its method of accounting? (see instructions)  If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-P	nclude any p any deductior L carryovers, the tax year. Available	ost-2017 NOL of reported on Proported on Proported on Proported on Proportion of the Proportion	art I, line 4. ns. - carryover	X
5 	Enter available pre-2018 NOL carryovers here \$ Do not in shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code  531120 \$  Did the organization change its method of accounting? (see instructions)  If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-P explain in Part V	nclude any p any deductior L carryovers, the tax year. Available	ost-2017 NOL of reported on Proported on Proported on Proported on Proportion of the Proportion	art I, line 4. ns. - carryover	X
5 6a b	Enter available pre-2018 NOL carryovers here  \$ Do not in shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code  \$ 531120 \$  Did the organization change its method of accounting? (see instructions)  If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-E explain in Part V  Supplemental Information	nclude any p any deductior L carryovers, the tax year. Available	ost-2017 NOL on reported on Proported on Proported on Proported on Proported on Propost-2017 NOL	art I, line 4. ns. - carryover	X
5 6a b	Enter available pre-2018 NOL carryovers here \$ Do not in shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code  531120 \$  Did the organization change its method of accounting? (see instructions)  If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-P explain in Part V	nclude any p any deductior L carryovers, the tax year. Available	ost-2017 NOL on reported on Proported on Proported on Proported on Proported on Propost-2017 NOL	art I, line 4. ns. - carryover	X
5 6a b	Enter available pre-2018 NOL carryovers here  \$ Do not in shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code  \$ 531120 \$  Did the organization change its method of accounting? (see instructions)  If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-E explain in Part V  Supplemental Information	nclude any p any deductior L carryovers, the tax year. Available	ost-2017 NOL on reported on Proported on Proported on Proported on Proported on Propost-2017 NOL	art I, line 4. ns. - carryover	X
5 6a b	Enter available pre-2018 NOL carryovers here \$ Do not in shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NO the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code  531120 \$  Did the organization change its method of accounting? (see instructions)  If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-P explain in Part V  V Supplemental Information  The explanation required by Part IV, line 6b, Also, provide any other additional information	nclude any pany deduction L carryovers, the tax year. Available  PF, or Form 1	ost-2017 NOL of reported on Proported on Proported on Propost-2017 NOL	art I, line 4.  ns.  carryover  2,889.	
5 6a b	Enter available pre-2018 NOL carryovers here \$ Do not in shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NO the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code  531120 \$  Did the organization change its method of accounting? (see instructions)  If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-P explain in Part V  V Supplemental Information  The explanation required by Part IV, line 6b, Also, provide any other additional information	nclude any pany deduction L carryovers, the tax year. Available  PF, or Form 1	ost-2017 NOL of reported on Proported on Proported on Propost-2017 NOL	art I, line 4.  as. carryover 2,889.	ue,
6a b Part	Enter available pre-2018 NOL carryovers here \$ Do not in shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code  531120 \$  Did the organization change its method of accounting? (see instructions)  If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-P explain in Part V  V Supplemental Information  The explanation required by Part IV, line 6b. Also, provide any other additional information of the explanation of preparer (other than taxpayer) is based on all Information of which prepare (other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based on all Information of Which prepare (Other than taxpayer) is based	nclude any pany deduction L carryovers, the tax year. Available  PF, or Form 1  ation. See ins	ost-2017 NOL of reported on Proported on Proported on Propost-2017 NOL	art I, line 4.  as. carryover 2,889.  vledge and bellef, It is to	ue,
6a b Part Provide	Enter available pre-2018 NOL carryovers here \$ Do not in shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NO the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code  531120 \$  Did the organization change its method of accounting? (see instructions)  If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-P explain in Part V  V Supplemental Information  The explanation required by Part IV, line 6b, Also, provide any other additional information	nclude any pany deduction L carryovers, the tax year. Available  PF, or Form 1  ation. See ins	ost-2017 NOL of reported on Proported on Proported on Propost-2017 NOL	reledge and belief, it is to the preparer shown be	ue, ils return with
6a b Part Provide	Enter available pre-2018 NOL carryovers here  \$	nclude any pany deduction L carryovers, the tax year, Available  PF, or Form 1  ation, See ins statements, and to rer has any knowl EXECUT	ost-2017 NOL on reported on Proported	riedge and bellef, it is true the preparer shown be instructions)?	ue, ils return with
6a b Part Provide	Enter available pre-2018 NOL carryovers here  \$	nclude any pany deduction L carryovers, the tax year. Available  PF, or Form 1  ation. See ins	ost-2017 NOL of reported on Proported on Proported on Proported on Proported on Propost-2017 NOL  1287 If "No,"  tructions,  the best of my knowledge,  Check	vieldge and belief, it is to the preparer shown be instructions)?	ue, ils return with
6a b Part Provide Sign Here	Enter available pre-2018 NOL carryovers here \$	nclude any pany deduction L carryovers, the tax year, Available  PF, or Form 1  ation, See ins statements, and to rer has any knowl EXECUT. R	ost-2017 NOL on reported on Proported	vieldge and bellef, it is tr  May the IRS discuss tr the preparer shown be instructional? X	ue, als return with low (see Yes No
6a b Part Provide Sign Here	Enter available pre-2018 NOL carryovers here \$ Do not in shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NO. the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code    Susiness Activity Code	nclude any pany deduction L carryovers, the tax year, Available  PF, or Form 1  ation, See ins statements, and to rer has any knowl EXECUT	ost-2017 NOL of reported on Proported On Pro	viedge and belief, it is tr  May the IRS discuss the preparer shown be instructions)? X  If PTIN  Id P0127;	ue, als return with low (see Yes No
6a b Part Provide Sign Here	Enter available pre-2018 NOL carryovers here \$ Do not in shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code    Susiness Activity Code	nclude any pany deduction L carryovers, the tax year, Available  PF, or Form 1  ation. See ins attements, and to rer has any know EXECUT R  Date  3/1/23	ost-2017 NOL of reported on Proported on Proported on Proported on Proported on Propost-2017 NOL  1287 If "No,"  tructions,  the best of my knowledge,  Check	viedge and belief, it is tr  May the IRS discuss the preparer shown be instructions)? X  If PTIN  Id P0127;	ue, als return with low (see Yes No
6a b Part Provide Sign Here	Enter available pre-2018 NOL carryovers here \$ Do not in shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NO. the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code    Susiness Activity Code	nclude any pany deduction L carryovers, the tax year, Available  PF, or Form 1  ation. See ins attements, and to rer has any know EXECUT R  Date  3/1/23	ost-2017 NOL of reported on Proported on Proported on Proported on Proported on Propost-2017 NOL 1287 If "No,"  1287 If "No,"  tructions,  the best of my known of the best of my known of the proported on Proported	viedge and belief, it is tr  May the IRS discuss the preparer shown be instructions)? X  If PTIN  Id P0127;	ue,  als return with low (see Yes No  2711 59910

## SCHEDULE A (Form 990-T)

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Interna	Revenue Service Do not enter SSN numbers on this form as it	may be i	made public if your org	ganization is a 501(c)(	3).	501(c)(3) Organizations Only
A 1	Name of the organization CENTRE COUNTY YOUTH SERVICE BURE	<b>A</b> U		B Employer 25-12		
<u>C  </u>	Unrelated business activity code (see instructions) > 53112	0		<b>D</b> Sequence	e: 1	of 1
E	Describe the unrelated trade or business	ENTA	L			
	T∏ Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
	Overe was also an also	1				
та b	Gross receipts or sales Less returns and allowances c Balance	4.				
2	Cost of goods sold (Part III, line 8)	1c 2				
3	Gross profit. Subtract line 2 from line 1c	3				
	Capital gain net income (attach Sch D (Form 1041 or Form	3				
-t a	44000	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			ACCOMPANIE	
c	Capital loss deduction for trusts	4c			2000 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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	. 17,6	84.	-3,640.
8	Interest, annuities, royalties, and rents from a controlled		•			•
	organization (Part VI)	8				
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	. 17,6	84.	-3,640.
	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come			1 1	must be
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  Depreciation (attach Form 4562). See instructions		7		6	
7	Less depreciation (attach Form 4502), See instructions  Less depreciation claimed in Part III and elsewhere on return	••••••			01.	
8 9			•		8b   9	
10	Depletion Contributions to deferred compensation plans	• • • • • • • • • • • • • • • • • • • •			10	
11					11	
12	Employee benefit programs  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. So					
	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.

Part III   Cost of Goods Sold   Finter method of inventory without   1   1   1   1   1   1   1   1   1		ule A (Form 990-T) 2021				Page 2
2   Cast of labor   3   Cast of labor   3   3   4   Additional section	Part	III Cost of Goods Sold Enter met	hod of inventory valuati	on 🕨		
2   Cast of labor   3   Cast of labor   3   3   4   Additional section	1	Inventory at beginning of year	*************************		1	
3   Additional section 203A create (attach statement)   4   Additional section 203A create (attach statement)   5   Create (attach statement)   5   Create (attach statement)   5   Create (attach statement)   7   Create (at	2					<del>_</del>
4 Additional section 2534 costs (attach statement) 5 Other costs (statah statement) 6 Other costs (statah statement) 7 Neventory and of year 7 Section 2 of Cost of goods seld, Subtract line 7 from line 8. Enter here and in Part I, line 2 8 Do the miles of accline 256A (with respect to property conduced or accurated for resale) apply to the organization?  Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP cods). Check if a dual-use. See instructions. A	3					
5 Other costs (attach statement) 5 Total Add lines 1 through 5 7 Inventory at end of year 8 Gast of goods seld; Subtract ine 7 from line 8. Enter here and in Part I, line 2 8 Duthe rules of section 253A (with respect to property conduced or accounted for reselle) aposity to the organization?  Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)  1 Description of property (property street address, city, state, ZP code), Check if a dual-time, See instructions.  A	4	Additional section 263A costs (attach statement)			4	
6 Total, Add lines 1 through 5 7 Inventors and of year 8 Gast of goods sold, Subtract line 7 from line 8. Enter here and in Fart I, line 2 8 Do the fluid of inaction (SSA NWIth respect to property produced or accurred for resail) ancity to the groundstation?    Year   No.	5					
7 Secretary at and of year Secretary and and of year Secretary and the property of the percentage of the part I/W. Rent Income (From Real Property and Personal Property Lessed with Real Property)  1 Description of property (property street address, city, state, ZIP code), Check if a dual-tase, See instructions.  A	6	Total, Add lines 1 through 5	41	.,	6	
B Do the rules of section 263A (with respect to property mordured for reseale) apply to the organization?  Part IV. Tent Income (From Real Property and Personal Property Leased with Real Property)  1 Description of property (property street address, city, state, ZIP code). Check if a dual use. See instructions.  A	7				1 1	
Part IV   Rent Income (From Real Property and Personal Property Leased with Real Property)	8	Cost of goods sold. Subtract line 7 from line 6. Enter l	nere and in Part I, line 2		8	
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See Instructions.  A	9	Do the rules of section 263A (with respect to property	produced or acquired for	or resale) apply to the	organization?	Yes No
A B B C D  Rent received or accrued a From personal property is more than 10% but not more than 50% but not mo	Part	V Rent Income (From Real Property and	l Personal Proper	ty Leased with R	eal Property)	
B	1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instr	uctions.	
2 Rent received or accrued a Frem personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) b Frem real and personal property (if the percentage of rent for personal property (if the personal proper		A				
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2 Rent received or accrued a From personal property (if the percentage of rent for personal property is more than 10% but not more than 60%). b From real and personal property exceeds 50% or if the rent is based on profit or income). c Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)  3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)  4 In lines 2a and 2b, columns A through D. Enter here and on Part I, line 6, column (A)  5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)  6 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)  7 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)  8		D 🗌				
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rent for personal property is more than 10% but not more than 50%)  b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)  c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.  Total rents received or accrued with the income   0.  Deductions directly connected with the income   0.  Total rents received or accrued with the income   0.  Total rents received or accrued by property. Add lines 2a and 2b, columns A through D. Enter here and on Part I, line 6, column (A)	а	From personal property (if the percentage of				
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Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)  5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)   0 Part V Unrelated Debt-Financed Income (see Instructions)  1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See Instructions.  114 N SPRING STREET, BELLEFONTE, PA 168 2:  114 N SPRING STREET, BELLEFONTE, PA 168 2:  15,312.  15,312.  16 Deductions directly connected with or allocable to debt-financed property  2 Gross income from or allocable to debt-financed property  3 Straight line depreciation (attach statement) STMT 5  4 Columns A through D)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 3  5 Devertions directly connected with or allocable to debt-financed property (attach statement) STMT 5  12,687.  19,280.  4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 3  19,280.  4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 3  5 Divide line 4 by line 5  6 Divide line 4 by line 5  7 Gross income reportable. Multiply line 2 by line 6  17,684.  10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 17,684.		Add lines 2a and 2b, columns A through b				
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Total deductions, Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)   Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.    Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.   A	3		through D. Enter here	and on Part I, line 6, C	Diumin (A)	
Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)      Part V   Unrelated Debt-Financed Income   (see instructions)		•				
Part V Unrelated Debt-Financed Income (see instructions)  Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.  A	4	in lines 2(a) and 2(b) (attach statement)	İ.			
Part V Unrelated Debt-Financed Income (see instructions)  Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.  A	_	The first of the Add Park Analysis A Manager D. En	dankan and a Batt	!! 0! (D)	_	٥
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.  A		Lincoloted Dobt Financed Income	iter nere and on Part I,	ine 6, column (B)		<u></u>
A	<u> </u>				I.a. A M	
B	1		• • • • • • • • • • • • • • • • • • • •			mm na 1600°
C Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement) STMT 5  Other deductions (attach statement) STMT 5  Total deductions (add lines 3a and 3b, columns A through D).  Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 3  Awerage adjusted basis of or allocable to debt-financed property (attach statement) STMT 3  Divide line 4 by line 5  Gross income reportable. Multiply line 2 by line 6  Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)  Allocable deductions. Multiply line 3c by line 6  Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)		<u> </u>	TT4 I/V i	PRING PIKE	AT, DEDLETON	TE, FA 1002.
A B C D  2 Gross income from or allocable to debt-financed property				• •		
A B C D  2 Gross income from or allocable to debt-financed property						
2 Gross income from or allocable to debt-financed property		D				_
property			Α	В	c	<u>D</u>
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a Straight line depreciation (attach statement) STMT 4 6,593.  b Other deductions (attach statement) STMT 5 12,687.  c Total deductions (add lines 3a and 3b, columns A through D) 19,280.  4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 2 158,665.  5 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 3 172,990.  6 Divide line 4 by line 5 91.72% % % % %  7 Gross income reportable. Multiply line 2 by line 6 14,044.  8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 14,044.  9 Allocable deductions. Multiply line 3c by line 6 17,684.	3	Deductions directly connected with or allocable				
b Other deductions (attach statement) STMT 5 12,687.  c Total deductions (add lines 3a and 3b, columns A through D) 19,280.  4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 2 158,665.  5 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 3 172,990.  6 Divide line 4 by line 5 91.72 % % % % % % % % % 7 Gross income reportable. Multiply line 2 by line 6 14,044.  8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 14,044.  9 Allocable deductions. Multiply line 3c by line 6 17,684.						
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columns A through D)	b	Other deductions (attach statement) STMT 5	12,687.			
Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT  Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 3  Divide line 4 by line 5  Gross income reportable. Multiply line 2 by line 6  Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)  Allocable deductions. Multiply line 3c by line 6  Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)  17,684.	c	Total deductions (add lines 3a and 3b,				
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5 Average adjusted basis of or allocable to debt- financed property (attach statement) STMT 3  6 Divide line 4 by line 5  7 Gross income reportable. Multiply ilne 2 by line 6  8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)  9 Allocable deductions. Multiply line 3c by line 6  17,684.  10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)  17,684.	4					
5 Average adjusted basis of or allocable to debt- financed property (attach statement) STMT 3  6 Divide line 4 by line 5  7 Gross income reportable. Multiply line 2 by line 6  8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)  9 Allocable deductions. Multiply line 3c by line 6  17,684.  172,990.  94  95  96  97  98  98  98  98  98  98  98  99  14,044.  9 Allocable deductions. Multiply line 3c by line 6  17,684.		to debt-financed property (attach statement) STMT	2 158,665.			
financed property (attach statement) STMT 3 172,990.  6 Divide line 4 by line 5 91.72% % % % %  7 Gross income reportable. Multiply line 2 by line 6 14,044.  8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 14,044.  9 Allocable deductions. Multiply line 3c by line 6 17,684.  10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 17,684.	5	. , . ,				
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Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)  14,044.  9 Allocable deductions. Multiply line 3c by line 6  17,684.  10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)  17,684.				, , ,		, ,
9 Allocable deductions. Multiply line 3c by line 6 17,684.  10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 17,684.				t I. line 7. column (A)	<u> </u>	14.044.
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 17,684.	0	1930, group moonto (add into 1) obtainio /1 through b)	, and on a	- 1, mio 2, ooianin (ri)	······································	
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 17,684.	۵	Allocable deductions, Multiply line 3c by line 6	17.684.			
			· · · · · · · · · · · · · · · · · · ·	on Part I. line 7. colur	mn (B)	17.684.
						-

Part VI Interest, A	Annuities, R	oyalties, and Re	ents from	n Control	led Or	ganizations	S (se	e instruct	ions)		
	Exempt Controlled Organizations										
Name of controlled     organization		2. Employer	l I		l .	al of specified nents made		rt of colur included			
0.84.124.10		number	Į.	structions)	،،رسم	nomo mado		Iling orga gross inc		ncome in column 5	
(1)							HOITS	gross inc	Orne		
(2)										······································	
(3)											
(4)											
		Noi	nexempt (	Controlled Or	ganizati	ons					
7. Taxable Income	8.1	Net unrelated	9, T	otal of specif	ied	10. Part			<b>11.</b> De	eductions directly	
	in	come (loss)	pa	yments mad	е	that is inc			cc	nnected with	
	(see	e instructions)					income		inco	me in column 10	
(1)											
(2)											
(3)											
(4)											
						Add colum				olumns 6 and 11.	
						Enter here				nere and on Part I, a 8, column (B)	
						1,1100,10	, ordinin ,	`			
Totals		-		/// /J = N	<u></u> ▶	<u> </u>		0.		0.	
		of a Section 50	1(C)(/), (			7	,	•			
1.	Description of	income		2. Amoui		3. Deduction directly connected (attach states	ected	4. Set-a (attach st		5. Total deductions and set-asides (add cols 3 and 4)	
(1)											
(2)											
(3)											
(4)											
<del>-</del>				Add amou						Add amounts in	
				column 2. here and or						column 5. Enter here and on Part I,	
				line 9, colu						line 9, column (B)	
Totals		***************************************	<b>&gt;</b>		0.					0.	
Part VIII Exploite	ed Exempt A	<u>lctivity Income,</u>	Other 1	<u> Than Adve</u>	<u>rtisinç</u>	g Income (	see inst	ructions)			
<ol> <li>Description of ex</li> </ol>	•							l			
		e from trade or busir							2		
·	-	h production of unre					•				
line 10, column (I	B)								3		
		trade or business. S									
lines 5 through 7						••••••	••••••		4		
		s not unrelated busin							5		
		entered on line 5							6	•	
•	•	act line 5 from line 6	•						_		
4. Enter here and	on Part II, line	12							7		

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	iule A (Form 990-T) 2021  IX Advertising Income				Page 4
	100-11				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a c	onsolidated basis	s.	
	В				
	c $\square$				
	D				· ······ · · · · · · · · · · · · · · ·
Enter	amounts for each periodical listed above in the	corresponding column			
LIILGI	amounts for each penduical listed above in the	A	В	С	D
2	Gross advertising income	1			
2	Add columns A through D. Enter here and or			<u> </u>	0.
_	Add Columns A through D. Enter here and or	Trait i, line 11, coldisit (A)			
а 3	Direct advertising costs by periodical				
	Add columns A through D. Enter here and on				0.
а	Add columns A through b, Enter here and or	rearti, interri, columni (b)			
4	Advertising gain (loss), Subtract line 3 from li	no.			
4	2. For any column in line 4 showing a gain,	ne			
	complete lines 5 through 8. For any column is	, ·			
	line 4 showing a loss or zero, do not complet	E			
	lines 5 through 7, and enter zero on line 8				
5					
6	Readership costs				
	Circulation income		<u> </u>		
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is le	i i			
0	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of				
_	line 4, enter the lesser of line 4 or line 7		-1		
а	Add line 8, columns A through D. Enter the g			_	0.
Part	Yart II, line 13		o instructions)		
1 (1)	X and Composited to Composite t	10010103 4.30 11001000 (50	e matructions)	3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
	i. Ivaine	z. me		to business	unrelated business
(1)				to business	uniciated pasiness
(2)				%	
(3)				%	
(4)				%	
(4)				70	
Total	. Enter here and on Part II, line 1				0.
Part		oo inatrustiana)			
1 - 61 - 6	At a Supplemental information (86	ee instructions)			-
<del></del>					
-					

990-T SCH A	POST-20	17 NET OPERATING I	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 CARRYOV	ER AVAILABLE THIS	YEAR	2,889.	2,889.

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

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

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

			***		<del></del>	
FORM 990-T (A)	PART V -	UNRELATED	DEBT-FINANCED	INCOME	STATEMENT 3	
AVERAGE ADJUSTED BASIS						

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVI NUMBE	
	1	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF		176,286. 169,694.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		172,990.

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

FORM 990-T (A) PART V	- DEPRECIAT	ION DEDUCTION		STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	1	6,593.	6,593.
TOTAL OF FORM 990-T, SCHEDULE	A, PART V,	LINE 3(A)		6,593.
FORM 990-T (A) PAR	RT V - OTHER	DEDUCTIONS		STATEMENT 5
DESCRIPTION	ACTIVITY NUMBER	TNUOMA	PERCENT ALLOCABLE	ALLOCABLE TOTAL
INSURANCE PROPERTY TAXES INTEREST EXPENSE MAINTENANCE OTHER MISCELLANEOUS		1,561 1,789 7,905 1,333	•	
- SUBTOTAL	- 1	12,687	. 1.00	12,687.
TOTAL OF FORM 990-T, SCHEDULE	A, PART V,	LINE 3(B)		12,687.

Form **8868** (Rev. January 2022)

## 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.

OMB No. 1545-0047

····								
orms list Contracts	ic filing (e-file). You can electronically file Form 8868 to ed below with the exception of Form 8870, Information F s, for which an extension request must be sent to the IRS nis form, visit www.irs.gov/e-file-providers/e-file-for-chari	Return for 3 in paper	Fransfers Associated With Certain P format (see instructions), For more c	ersonal Be	enefit			
Automa	atic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).					
	rations required to file an income tax return other than Fo			s, REMICs	s, and trusts			
nust use	Form 7004 to request an extension of time to file income	e tax retur	าร.					
Гуре or	ype or Name of exempt organization or other filer, see instructions.					Faxpayer identification number (TIN)		
orint	· · · · · · · · · · · · · · · · · · ·				, ,			
	CENTRE COUNTY YOUTH SERVICE		25-1220005					
ile by the due date for iling your	date for Number, street, and room or suite no. If a P.O. box, see instructions.							
citrin. See instructions.  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  STATE COLLEGE, PA 16803								
Inter the	Return Code for the return that this application is for (file	a separat	e application for each return)			07		
Applicati		T	Application			Return		
s For			Is For					
Form 990	Code   Is For					08		
orm 472	m 4720 (individual) 03 Form 4720 (other than individual)					09		
orm 990		04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11			
	orm 990-T (trust other than above) 06 Form 8870					12		
-orm 990	)-T (corporation)	07						
• The bo	HEATHER BROWN, poks are in the care of   HEATHER BROWN,  325 W AARON DRI		STATE COLLEGE, PA	16803	3			
Teleph	none No. ► <u>(814)</u> 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								
oox 🕨 🔲 . 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							
		ສກ	d ending JUN 30, 2022					
,	tax year beginning	1 (4)1			<b>–</b> •			
2 If ti	ne tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return	Final retur	'n			
	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.						0.		
b if th	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	imated tax payments made. Include any prior year overp			3b	\$	724.		
	lance due. Subtract line 3b from line 3a. Include your pa					^		
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.		
Caution:	If you are going to make an electronic funds withdrawal	(direct del	oit) with this Form 8868, see Form 8	453-TE and	a Form 8879-1E for	payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)