	· · · · · · · · · · · · · · · · · · ·	•	_	EΣ	TENDED TO N	AY 1	.5, 2020	4		
,,,,	Form 9	90-T	E				ss Income T	ax Returg	۱, إ	OMB No 1545-0687
=				•	and proxy tax un		ction 6033(e)) 18,, and ending JU	19	D6 1	0040
	-		9	ZU18						
_	Departmen	nt of the Treasury					ons and the latest inform			Open to Public Inspection for
		venue Service			Check box if name		de public if your organiza	ation is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
ESIVE		Check box if	Emp	oyer identification number loyees' trust, see						
	address changed B Exempt under section Print CENTRE COUNTY YOUTH SERVICE BUREAU									ections)
		pt under section	Print`							5-1220005 ated business activity code
	=	01(c ()/3)	or Type	1 '	m or suite no. If a P.O. b	ox, see ir	istructions.			nstructions)
	=)8(e) 220(e)	,,,,	325 W AAROI				 	-	:
		08A530(a)			rovince, country, and ZIP		n postal code		531	120
	n Book va	29(a)	L	STATE COLLI	nber (See instructions.)	803		·	DOT	120
	at end c	6,138,4	22		rpe ► X 501(c) co	ornoration	501(c) trust	401(a	\ trust	Other trust
	■ Enter t			tion's unrelated trades or		1		the only (or first) u	•	
				MERCIAL REI				complete Parts I-V.		
						Parts I an	d II, complete a Schedule			
		ss, then complete l			ous somenos, complete i	i anto i an	· ·	141 101 04011 44411101		,
				oration a subsidiary in a	affiliated group or a par	ent-subsi	diary controlled group?	•		es X No
	_			lifying number of the par			,,	•		
		·		HEATHER BROW			Teleph	one number 🕨 (814) 237-5731
	Part	Unrelated	d Trac	de or Business In	come		(A) Income	(B) Expense	S	(C) Net
	1a Gro	oss receipts or sale	:s							
	b Les	ss returns and allov	wances		c Balance	1c				
	2 Cos	st of goods sold (S	chedule	A, line 7)		⁻ 2	<u></u>			250000000000000000000000000000000000000
	3 Gro	oss profit Subtract	line 2 fr	rom line 1c	•	3		888688888	XXXX	
	4a Car	pital gain net incom	ne (attac	h Schedule D)		4a			*****	
	, b Net	t gaın (loss) (Form	4797, P	art II, line 17) (attach Foi	m 4797)	4b			288.2	
		pital loss deduction				4c				
				ship or an S corporation (attach statement)	5		**************************************	3. A. S. V.	
		nt income (Schedu				6	22,732.	22,4	11	321.
		related debt-finance		•		7	22,/32.	42,4	<u> </u>	341.
		=		nd rents from a controlled						
				on 501(c)(7), (9), or (17)	organization (Schedule 6	S) 9 10				
		ploited exempt activ vertising income (S	-		•	11				
				ıs; attach schedüle)		12		9.3.2.2.2.2.2.2.2.2	(XXXXX	
		•		•		13	22,732.	22,4	11.	321.
	Parti									
	S Section Section						he unrelated business	income)		
	14 Cc	ompensation of offi	icers, dir	rectors, and trustees (Sc	nedule K)				14	
		alaries and wages	·	,	• •				15	,
		epairs and mainten	ance		•	_	and a second	•	16	`
	17 Ba	ad debts		,		ļ	RECEIVED		17	
æ	18 In	terest (attach sche	dule) (se	ee instructions)	_	18				
<i>)</i>	19 Ta	exes and licenses					MAR OF AGE	781	19	
<i>0</i> ≫	20 Ch	haritable contributio	ons (See	e instructions for limitation	n rules)	loi	MAR 2 5 2020	ļĢļ	20	
2	21 De	epreciation (attach	Form 45	562)		1 5	21	<u>ြိတ်</u>		•
2 2	22 Le	ess depreciation cla	aimed or	n Schedule A and elsewh	ere on return)CDE (22a)	<u> </u>	22b		
7	23 De	epletion							23	
9	``	ontributions to defe		mpensation plans					24	
,		mployee benefit pro	-						25	
_		cess exempt exper	•	•			.		26	
_		cess readership co		•	,		-		27	
		ther deductions (at			•				28 29	0.
) :		otal deductions. A			na laga daduation. Outro	nat l.n. 0/) from lunc 12		30	321.
-				ncome before net operati					31	<u> </u>
				loss arising in tax years b		uaiy i, 20	10 (200 HISH OCHORS)	31	32	321.
				ncome Subtract line 31 f			•		1 32	Form 990-T (2018)
	az3/01 01	1-09-19 LMA FO	л гарег	WOLK REGUELION ACLINOU	.c. 355 m300000000					101111 1 (2010

Form 990-T		<u> 20005</u>	Page 2
Part I	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	321.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		<u>-</u>
	lines 33 and 34	36	321.
`37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	3 17	321.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
30	enter the smaller of zero or line 36	38	0.
Part I		1 00	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from	35	<u>.</u>
40	·	- <u> </u> 22	
44	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41 42	
42	Alternative minimum tax (trusts only)	43	
43	Tax on Noncompliant Facility Income. See instructions		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	· 0.
Part V	· · · · · · · · · · · · · · · · · · ·	T:T:	
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	-l`	
b	Other credits (see instructions) 45b	-	
C	General business credit Attach Form 3800 45c	4	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes Check If from: Form 4255 Form 8611 Form 8697 Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Payments: A 2017 overpayment credited to 2018 50a	」	
b	2018 estimated tax payments 516 506 1,200.	<u>.</u>]	
C	Tax deposited with Form 8868	J., I	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d];	
е	Backup withholding (see instructions) 50e	7	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f].;	
g	Other credits, adjustments, and payments: Form 2439	7' [•
	Form 4136 Other Total 50g	·	
51	Total payments Add lines 50a through 50g	51	1,200.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	1,200.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax	55	1,200.
Part V		1 4 1	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		1 103 110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		18
	here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		$-\frac{x}{x}$
57			7.6 - 1
50	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\bigs\\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle	doe and belief it	is true
Sign	correct, and complete Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge CHIEF EXECUTIVE	ago ana beller, It	
Here	halal - A OPPRIORE	May the IRS discus	
		he preparer shown	¬
		nstructions)?	Yes No
	0 10	if PTIN	
Paid	TATME I VIDIUS CDA Jame Later 2/27/2020 self-employed		70711
Prepa	rer DAIME L. RUNIZ, CPA		72711
Use C	niy Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP Firm's EIN ▶	<u> 39-0</u>	859910
	1000 COMMERCE PARK DR.	-00 000	6000
	Firm's address ► WILLIAMSPORT, PA 17701 Phone no 5	570.323	
823711 01-	09-19	For	n 990-T (2018)

Schedule	A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation > N/A				
1 Inventory	at beginning of year	1		6	Inventory at end of yea	r		6	
2 Purchase	S	2		7	Cost of goods sold Su	ubtract l	line 6		
3 Cost of la	bor	3]	from line 5. Enter here	and in l	Part I,		
4 a Additiona	I section 263A costs				line 2		L	7	
(attach so	hedule)	4a		8	Do the rules of section	263A (with respect to	<u> </u>	es No
b Other cos	ts (attach schedule)	4b_			property produced or a	cquirec	for resale) apply to	عد ا	<u> </u>
5 Total Ad	ld lines 1 through 4b	5		<u> </u>	the organization?				
Schedule (see instruc		From Real	Property and	Per	sonal Property L	ease	d With Real Prope	erty) 	
1. Description of	property								
(1)									
(2)									
(3)									
(4)									
			ed or accrued				O(a) Daduations dissaths a	annested with the inco	ma la
(a) Fro	om personal property (if the perc nt for personal property is more 10% but not more than 50%)	entage of than	of rent for pe	ersonal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly coolumns 2(a) and	onnected with the incol 2(b) (attach schedule)	TIE IN
(1)									
(2)									
(3)									
(4)									
Total		0.	Total			0.	1		
here and on pa	e. Add totals of columns : ge 1, Part I, line 6, column	(A)				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule	E - Unrelated Deb	t-Financed	Income (see	nstru	ctions)		·		
				2	Gross income from or allocable to debt-	(1)	3. Deductions directly conne to debt-finance	d property	
	 Description of debt-fin 	anced property			financed property	(a)	Straight line depreciation (attach schedule)	(b) Other dedu (attach sched	ctions Jule)
						S	TATEMENT 1	STATEMEN	T 2
(1)					23,736.		6,592.	16	,809.
(2)									
(3)									
(4)									
debt on or a	of average acquisition locable to debt-financed ty (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable de (column 6 x total d 3(a) and 3	of columns
(1)	180,940.		188,922.		95.77%		22,732.	22	,411.
(2)					%%				
(3)					%				
(4)					%				
							inter here and on page 1, Part I, line 7, column (A)	Enter here and on Part I, line 7, colu	
Totals					•		22,732.	22	,411.
	s-received deductions in	cluded in columi	n 8				>		0.

1. Name at controlled organizations 2. Empty controlled Organizations 3. Per at displaying the second property of the controlled organizations 4. Description of the controlled organizations 5. Descriptions	Schedule F - Interest, A	Annuities, Roya	lties, and I	Rents	From Co	ntrolle	d Organiza	tions	(see ins	truction	s)
Comparison Controlled Organizations Contro			E	xempt	Controlled O	rganızatı	ons				
Autocomment Controlled Organizations S. No write-informate Base) S. Total of speciated payments 10. Part of others there is sales 11. Described directions directly considered in the Controlled organizations 11. Described directions of settly considered in the Controlled organizations 11. Described directions of settly considered in the Controlled organizations 10. Part of others there is sales 11. Described directions of settly considered in the Controlled organizations 10. Part of others there is sales 11. Described directions of settly considered in the Controlled organizations 10. Part of others there is sales 11. Described directions of settly considered in the Controlled organizations 10. Part of others there is sales 11. Described organizations 10. Part of others there is sales 11. Described organizations 11. Described o	Name of controlled organizat	identi	fication	3. Net unr (loss) (see	related income a instructions)	4 To pay	tal of specified ments made	includ	ed in the contr	olling	connected with income
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Nonexempt Controlled Organizations 7 Taxable Notions 8, Naturalization income (local) 9, Total of spinited payments 10 Perit of column 8 that a ancided with recorded in the enrevine graph state of the enrevine graph											
7 Taxable Income 8, Not intrivibled income (loss) (dee instructions) 9, Total of epiched payments in the controlling agreements grows income and the process of the control of the contr			<u> </u>								
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Common C	(1)	-									
Add columns 5 and 10 Add columns 6 and 11 Either have and on page 1. Part 1, time 8, column (8) Column (9) Colum											`
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(3) (4) Enter here and on page 1. Part I, line 9, column (A) Coschedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity incomes income from tracker or business (column 2 mouse activity that the page 1, Part I, line 9, column 3) if exploited activity incomes income from tracker or business (column 2 mouse acciounn 3 in exploited activity fait an activity that	(1)								. ,	,	
Totals Enter here and on page 1, Part I, line 9, column (A) Part I, line 9, column (B)	(2)							~.			
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Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity and income from vade or business income (3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) (4) Enter here and on page 1, Part I, line 10, col (B) Schedule J - Advertising Income (see instructions) 2. Gross averning income (4) Advertising gain or loss) (col 2 minus of loss) for unrelated bade or business income from unrelated bade or business income from variety that is not urrelated business income from page 1, Part I, line 10, col (B) Totals (5) (6) (7) Enter here and on page 1, Part I, line 10, col (B) (9) Schedule J - Advertising Income (see instructions) (1) (2) (3) (4) Advertising gain or loss) (col 2 minus of		•									Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Cross unrelated business income from unrelated business income from unrelated business (solumn 5) (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals 7. Excess exempt expenses (column 6 minus column 4) Finding 17 Enter here and on page 1, Part I, line 10, col (B) Cochedule J - Advertising Income (a) 2. Gross authorising Income (b) 3. Expenses directly connected with production of unrelated business income (c) (a) (b) (c) (c) (d) (e) Totals 1. Name of periodical 2. Gross avering expenses (column 6 minus column 6) (d) 2. Gross authorising Income (e) (e) (e) (f) (h) (h) (h) (h) (h) (h) (h				•		0.					0.
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(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Part 1, line 10, col (B)		unrelated business income from	directly conn with produc of unrelat	ected ction ed	from unrelated business (co minus colum gain, compute	I trade or Jumn 2 n 3) If a e cols 5	from activity t is not unrelat	hat ed	attributa	enses able to	expenses (column 6 minus column 5, but not more than
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. Chedule J - Advertising Income (see instructions) Part II, line 26 Consequence of the control of the control of the costs advertising lincome 1. Name of periodical 2. Gross advertising costs advertising costs income 1. Name of periodical 2. Gross advertising costs advertising gain or (loss) (col 2 minus col 3) If a gain, compute cost 5 through 7 Totals (carry to Part II, line (5)) O. O. Control of Readership costs (column 6 minus column 5, but not more than column 4) O. O. O. O. O. O. O. O. O. O	(1) -						,				
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. Chedule J - Advertising Income (see instructions) Part II, line 26 Consequence of the control of the control of the costs advertising lincome 1. Name of periodical 2. Gross advertising costs advertising costs income 1. Name of periodical 2. Gross advertising costs advertising gain or (loss) (col 2 minus col 3) If a gain, compute cost 5 through 7 Totals (carry to Part II, line (5)) O. O. Control of Readership costs (column 6 minus column 5, but not more than column 4) O. O. O. O. O. O. O. O. O. O	(2)						•				
Enter here and on page 1, Part I, line 10, col (A) Enter here and on page 1, Part I, line 10, col (B) Part II, line 10, col (B)		•									
Totals page 1, Part 1, line 10, col (A) page 1, Part 1, line 10, col (B) Part II, line 20, col (A) Part II, line 20, col (B) Schedule J - Advertising Income (see instructions) Part III Ine 10, col (A) O • O • O • O • O • O • O • O • O • O											
Schedule J - Advertising Income (see instructions) Part Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct edvertising costs 5. Circulation 5. Circulation 6 Readership costs (column 6 minus column 5, but not more than column 4) (1) (2) (3) (4) (4) (4) (4) (5) (5) (5) (6) (7)	,	page 1, Part I, line 10, col (A)	page 1, Pa	rt I, (B)							оп page 1, Part II, line 26
1. Name of periodical 2. Gross advertising income 3. Direct edvertising costs 5. Circulation income 5. Circulation income 6. Readership costs 6. Readership costs 6. Circulation income 6. Circulation incom			<u> </u>	<u> </u>	\$674537 8 4666	22233334	Y. SOOK &	******	XXXXXXXXXXXX		<u>\$ </u> U.
1. Name of periodical 2. Gross advertising costs 3. Direct edvertising costs 3. Direct edvertising costs 3. Direct edvertising costs 3. Direct edvertising costs 3. Direct edvertising costs 3. Direct edvertising costs 3. Direct edvertising costs 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation income 6 Readership costs (column 6 minus column 4) (2) (3) \((4) \) (4) \((4) \) 7 Totals (carry to Part II, line (5)) 0. 0.				Con	solidated	Basis					•
1. Name of periodical 2. Gross advertising advertising costs adve					4	ieine e				I	7 Eveces readership
(2) (3) \((4) \cdot \) Totals (carry to Part II, line (5)) \(\bigcirc \) 0.	1. Name of periodical	advertising			or (loss) (c col 3) If a g	of 2 minus ain, comput					costs (column 6 minus column 5, but not more
(2) (3) \((4) \cdot \) Totals (carry to Part II, line (5)) \(\bigcirc \) 0.	(1)		7		8787300	9% 733	<u> </u>			- 1	
(3) \ (4) \(\tau \) \							%				
(4)				•			%				
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	J		-		xxen>*0880000	SECONDARIA DE LA CONTRACTION D	***				NATIONAL STREET, AND
	Totals (carry to Part II, line (5))	•	0.	0			<u> . </u>				

Form 990-T (2018) CENTRE COUNTY YOUTH SERVICE BUREAU 25-12200 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

page 1, Part I, page 1, Part I, on page 1	1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(3) (4)	(1)						•
(4)	(2)			,			
	(3)						
Totals from Part I D. O. Enter here and on page 1, Part 1, page 1, p	(4)						
Enter here and on page 1, Part 1, page 1, Part	Totals from Part I	▶ 0.	0.	XXXXXXXX			0.
Totals, Part II (lines 1-5)							Enter here and on page 1, Part II, line 27

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2) .		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14	, , , , , , , , , , , , , , , , , , , ,	•	0.

Form 990-T (2018)

FORM 990-T SCHEDULE I	E - DEPRECIA	ATION DEDUCTI	ON	STATEMENT 1
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	- 1	6,592.	6,592.
TOTAL OF FORM 990-T, SCHEDULI	E E, COLUMN	3(A)		6,592.
FORM 990-T SCHEDUI	LE E - OTHE	R DEDUCTIONS		STATEMENT 2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE TAXES INTEREST EXPENSE MAINTENANCE OTHER MISCELLANEOUS	GLYDMOM I		1,320. 1,742. 9,063. 4,604. 80.	16,000
TOTAL OF FORM 990-T, SCHEDULI	- SUBTOTAL -			16,809.