2.		. EXTENDED TO NO	VEME	BER 16, 2020			
Form <b>990-T</b>	Į E	Exempt Organization B	usin	ess Income T	ax Return	L	OMB No 1545-0047
	ŀ	(and proxy tax u	nder s	section 6033(e))	1912	/	2040
	For cal	lendar year 2019 or other tax year beginning		, and ending		-	ZU 19
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990T fo Do not enter SSN numbers on this form as it i				<u> </u> -	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		<u> </u>		ed and see instructions.)		) Emplo	oyer identification number
address changed		Mario di digamization ( dinda box in mari		,			oyees' trust, see ctions )
B Exempt under section	Print	COUNCIL ON RURAL SERV	/ICE	PROGRAMS IN			3-7299345
<b>X</b> 501( <b>c</b> )(3)	or` Type	Number, street, and room or suite no. If a P.O.					ated business activity code instructions )
408(e) 220(e)	Type	201 R M DAVIS PARKWAY					
408A530(a) 529(a)		City or town, state or province, country, and ZI PIQUA, OH 45356	P or fore	eign postal code	ļ.	532	۸ 000
C Book value of all assets	<u> </u>	F Group exemption number (See instructions.	) •			<u> </u>	
at end of year	79.	G Check organization type ► X 501(c)		ion 501(c) trust	401(a)	trust	Other trust
H Enter the number of the	organiza	ition's unrelated trades or businesses. 🕨 🔃	1		the only (or first) unr	elated	
		NTAL AND LEASING SERVI			, complete Parts I-V. I		•
		ace at the end of the previous sentence, complete	e Parts I	and II, complete a Schedule	e M for each additional	trade	or
business, then complete		-V. poration a subsidiary in an affiliated group or a p	arent cui	heidiary controlled group?		Ye	s X No
		tifying number of the parent corporation.	ai Giit-Sui	osidiary controlled group.		''	5 [22] 140
		DAN SCHWANITZ		Teleph	none number > 9:	37-	778-5220
Part   Unrelated	d Trac	de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	s					**	
b Less returns and allow	wances	c Balance	10				
2 Cost of goods sold (S	ichedule	A, line 7) RECENTED LA OPE 705	3				
	/	ው በ - ከ - መመር ነው	48				
b Net gain (loss) (Form	4797, P	Part II, line 17) (attack Form 4797)	4b		Marie La Vale	- 14 A	
c Capital loss deduction	for trus	sts IDG KANSAS CITY, MC	40				
5 Income (loss) from a	partners	sts Ship or an S corporation (attach statement)	5				
• Hent income (Schedu	ile ()		<u>°</u>	46 455	9,69	12	6,480.
7 Unrelated debt-finance		· ·	- F) 8		9,63	, , ,	0,400.
		ind rents from a controlled organization (Scheduli on 501(c)(7), (9), or (17) organization (Schedule		<del></del>			
10 Exploited exempt acti			10	<del></del>			
11 Advertising income (S			11				
12 Other income (See in:			<u>_12</u>				5 400
13 Total. Combine lines		igh 12 o <b>t Taken Elsewhere</b> (See instruction	13			93.	6,480.
		be directly connected with the unrelated but					
		rectors, and trustees (Schedule K)				14	
15 Salaries and wages						15	
16 Repairs and mainter	ance	/				16	
17 Bad debts ~		/			-	17	
18 Interest (attach sche	dule) (se	ee instructions)			}	18*	_
<ul><li>19 Taxes and licenses</li><li>20 Depreciation (attach</li></ul>	Form 45	562)		20		19	
•		n Schedule A and elsewhere on return		21a		21b	,
22 Depletion				<u> </u>		22	
23 Contributions to defe	erred co	mpensation plans				23	
24 Employee benefit pro					-	24	
25 Excess exempt expe					}	25	
<ul><li>26 Excess readership co</li><li>27 Other deductions (at</li></ul>					}	26 27	<del></del>
<ul><li>27 Other deductions (at</li><li>28 Total deductions. A</li></ul>						28	0.
/		ncome before net operating loss deduction. Sub	tract line	28 from line 13	ļ	29	6,480.
		loss arısıng ın tax years beginning on or after Ja					
(see instructions)					ļ	30	0.
		ncome. Subtract line 30 from line 29	<del>-</del>			31	6,480. Form <b>990-T</b> (2019)
923701 01-27-20 LHA F	or Paper	work Reduction Act Notice, see instructions.	2 E		913		rorm <b>330-</b> 1 (2019)

	90-T (2019				43-145	<u> 1934:</u>	) Page 2
Par		Total Unrelated Business Taxable Income /					
32/	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		l [3	2	6 <u>, 4</u>	<u> 180.</u>
33	Amour	ts paid for disallowed fringes		3	3		
34		ble contributions (see instructions for limitation rules)		3	4		0.
35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of	flines 32 and 3	3 <b>5</b> 3	5	6.4	180.
36				6 3			180.
37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35		3			
		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)		<b>X</b> 3		1 (	000.
38	•			DH	-		,00.
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		ل ا	<u> </u>		^
D		ne smaller of zero or line 37		3	9		0.
		Tax Computation			<u>-</u>		
40	-	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)		4			0.
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:					
	T	ax rate schedule or Schedule D (Form 1041)		<b>▶</b>   4	1		
42	Proxy t	ax. See instructions	į		2		
43	Alterna	tive minimum tax (trusts only)		4	3		
44	Tax on	Noncompliant Facility Income. See instructions		4	4		
45	Total.	Add lines 42, 43, and 44 to line 40 or 41, whichever applies		4	5		0.
Par	t V	Tax and Payments					
46a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		9			
	-	redits (see instructions) 46b					
		I business credit. Attach Form 3800 46c			<b>2</b>		
_		or prior year minimum tax (attach Form 8801 or 8827)			81		
		redits. Add lines 46a through 46d		46	هد		
		ct line 46e from line 45		4			0.
47			(attach schedu	_			
48		<del></del>	(attach scheou				0.
49		ix. Add lines 47 and 48 (see instructions)		49			0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	J		<u> </u>
	-	nts: A 2018 overpayment credited to 2019		}:	<i>3</i>		
		stimated tax payments 51b		}	#		
		posited with Form 8868		-40			
	_	organizations: Tax paid or withheld at source (see instructions)		₩	<b>3</b> 1		
		withholding (see instructions) 51e		₩	A		
f	Credit f	or small employer health insurance premiums (attach Form 8941)					
g	Other o	redits, adjustments, and payments: Form 2439			i		
	F	orm 4136 Total <b>&gt;</b> Total					
52	Total p	ayments. Add lines 51a through 51g		5	2		
53	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		5	3		
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	l	<u>5</u>	4		
55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		<b>▶</b> 5	5		
56			funded	<b>&gt;</b> 50	6		
Par		Statements Regarding Certain Activities and Other Information (see Instru	ctions)				
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	_			Yes	No
	over a 1	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				3	
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				1	
	here	<b>&gt;</b>				mean	X
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	on trust?			-	x
40	-	'see instructions for other forms the organization may have to file.	9 551			2.38	5 50
59		ne amount of tax-exempt interest received or accrued during the tax year > \$		•			
	U	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the		wledge a	nd belief. it is	true.	4 423650000
Sign	co	prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	e				
Here		DRSCLUIGAAND 19-1-2020 CEO & INTERIM	CEO	-	e IRS discuss		with
		Signature of officer Date 1	CFU		parer shown b	_	ا ما د
			05.1	_		Yes	No
		Print/Type preparer's name Preparer's signature Date	Check	- I	PTIN		
Paid	ď	HERBERT L LEMASTER, HERBERT L.	self- employ	red	50001		
Pre	parer	CPA LEMASTER, CPA 08/25/20		<u></u>	P0003		
Use	Only	Firm's name ► CLARK, SCHAEFER, HACKETT & CO.	Firm's EIN	<u> </u>	31-08	<u> </u>	13
	-	10100 INNOVATION DRIVE, SUITE 400					
		Firm's address ► DAYTON, OH 45342	Phone no.	<u>937</u>	<u> -226-</u>		
923711	01-27-20				Form	990-T	(2010)

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation   N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year			6
2 Purchases	2		7 Cost of goods sold. St	ubtract li	ne 6	
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs			line 2		L	7
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	<u> </u>
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (F (see instructions)	rom Real	Property and	Personal Property L	.ease	d With Real Prope	erty) 
1. Description of property						
(1)						
(2)						
(3)						
(4)					-	
	2. Rent receiv	ed or accrued			2/a \ Daduetiens directly s	popposted with the income in
(a) From personal property (if the perceivent for personal property is more than 50%)	ntage of nan	(b) From real an of rent for pe the rent	d personal property (if the percenta rsonal property exceeds 50% or if is based on profit or income)	ge	columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)	-					
(2)						
(3)						
(4)						
Total	0	Total		0.		
(c) Total income. Add totals of columns 2(	(a) and 2(b). En	ter			(b) Total deductions. Enter here and on page 1,	
here and on page 1, Part I, line 6, column (		<u> </u>		0.	Part I, line 6, column (B)	<b>O.</b>
Schedule E - Unrelated Debt	<u>-Financed</u>	Income (see	nstructions)			
			2. Gross income from		<ol><li>Deductions directly connected to debt-finance</li></ol>	
1. Description of debt-finar	and property		or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions
1. Description of debt-final	iced property		financed property	_	(attach schedule)	(attach schedule)
			1=	<u> </u>	TATEMENT 2	STATEMENT 3
(1) RENTAL REAL ESTAT	E		47,014.	ļ	5,382.	22,795.
(2)				<del>  -</del> -		
(3)				<u> </u>	-	
(4)				<b>├</b>		<del>  -</del> -
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  STATEMENT 4	of or a	adjusted basis allocable to nced property b schedule) MENT 5	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 1,197,766.	3	,482,369.	34.40%		16,173.	9,693.
(2)			%			
(3)			%			
(4)			%			
		-			nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•		16,173.	9,693.
Total dividends-received deductions incl	luded in columi	ı 8	•		<b>&gt;</b>	0.
						•

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	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2) (3) (4)						past Phaling
Totals (carry to Part II, line (5))	0.	0.				0.

Form **990-T** (2019)

## Partill 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)

1. Name of periodi	cal	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	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							<del></del>
(3)							
(4)		<u> </u>					
Totals from Part I	<b>&gt;</b>	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	0.	0.				0.

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

	1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total. Enter here	and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2019)

FORM 990-T SCHEDU	JLE E - DEPRECIAT	TION DEDUCT	ION	STATEMENT 2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION EXPENSE	- SUBTOTAL -	1	5,382.	5,382
TOTAL OF FORM 990-T, SCHI	EDITIR E COLUMN 3	3(A)		5,382
TOTAL OF FORM 990-1, Schi	Done I, condin,			
	HEDULE E - OTHER	12012		STATEMENT 3
FORM 990-T SCI		12012	AMOUNT	STATEMENT 3 TOTAL
		DEDUCTIONS ACTIVITY	AMOUNT 22,795.	

FORM 990-T AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT 4
DESCRIPTION	ACTIVITY NUMBER	TUUOMA	TOTAL
TOTAL AVERAGE ACQUISITION INDEBTEDNESS - SUBTOTAL -	- 1	1,197,766.	1,197,766.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	4		1,197,766.

FORM 990-T	AVERAGE ADJUSTED : ALLOCABLE TO DEBT-FI		ERTY	STATEMENT 5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
TOTAL AVERAGE	ADJUSTED BASIS - SUBTOTAL -	1	3,482,369.	3,482,369.
TOTAL OF FORM	990-T, SCHEDULE E, COLUMN	5		3,482,369.

## COUNCIL ON RURAL SERVICE PROJECTS FORM 990-T, SCHEDULE E, COLUMN 4 12/31/2019

UNITY NATIONAL BANK - LOAN 1224110401938	j	BEG		
JANUARY	1/1/2019	1,271,534.68	2/1/2019	1
FEBRUARY	2/1/2019	1,259,184.29	3/1/2019	l
MARCH	3/1/2019	1,246,791.36	4/1/2019	ı
APRIL	4/1/2019	1,233,940.15	5/1/2/019	
MAY	5/1/2019	1,221,460.27	6/1/2019	
JUNE	6/1/2019	1,209,461.50	7/1/2019	
JULY	7/1/2019	1,197,592.51	&/1/2 <mark>/019</mark>	
AUGUST	8/1/2019	1,185,484.35	9/1/2019	
SEPTEMBER	9/1/2019	1,173,501.81	10/1/2019	Ĺ
OCTOBER	10/1/2019	1,161,462.51	11/1/2019	
novēmber	11/1/2019	1,149,188.75	12/1/2019	
DECEMBER	12/1/2019	1,137,034.31	12/31/2017	1

END	AVERAGE	
1,259,184.29	1 265 359 49	
1,246,791.36	1 252 987 83 i	
1,233,940.15	1.240/365/76	
1,221,460.27	1 227 700 21	
1,209,461.50	215,460.89	
1,197,592.51	<b>业</b> 11203.527.013	
1,185,484.35	19153843	
1,173,501.81	1,179,493.08	
1,161,462.51	1167,482.16	
1,149,188.75	1,155,325.63	
1,137,034.31	1,143,111,53	
1,124,648.59	1,130,841.45	
	1,197,768.12 TOTAL AVERAGE	

COLINCIL ON RURAL SERVICE DEVELOPMENT FORM 880-T, SCHEDULE E, COLLUMN 5 12/31/2019

AVERAGE ADJUSTED BASIS

Bullding Land

BEGINNING ADJ. BASIS 3,096,881.00 428,400.00

AVERAGE 3,063,968.50 428,400,00

3,482,368,50

TOTAL AVERAGE ADJUSTED BASIS

END <u>ADJ. BASIS</u> 3,011,256.00 428,400.00

COUNCIL ON RURAL SERVICE PROGRAMS FORM 990-T, SCHEDULE E, COLUMN 3(a) & 3(b) 12/31/19

Subtotal Other Deductions

DED. DIRECTLY CONNECTED/ALLOCABLE TO DEBT	-FINANCED PROP.
Subgroup:	Straight-Line Depreciation
Depreciation Expense	5,382.00
Subtotel (30-1) Streight-Line Depreication	5,382.00
Subgroup:	Other Deductions **
OTHER EXPENSES	66,00
REAL ESTATE TAXES	(1,679.00)
OTHER OCCUPANCY COSTS	1.484.00
UTILITIES/COMMUNICATION	5,305.00
TRAVEL & SEMINARS	1.00
SUPPLIES	5.00
CONTRACT SERVICES	1,227.00
RENTAL/USAGE FEES	8 <b>,</b> 061.00
MAINTENANCE/REPAIRS	5,743.00
INSURANCE	<b>2,581.0</b> 0
WAGES & FRINGE	•
INTEREST EXPENSE	1.00

22,795.00