	οού Τ	Ex	empt Organization B	usin	ess Incon	ne Tax Retu	ırn		OMB No 1545-068	37
Form	990-T		(and proxy tax ur					\prod	2018	<u> </u>
	- 1		ndar year 2018 or other tax year beginnin			and ending		·	<u> </u>)
	tment of the Treasury	8	Go to www.irs.gov/Form990T for i ot enter SSN numbers on this form as it in				(c)(3)		Open to Public Inspection	
intern	Check box if	- DO 110			ne changed and see		D En	nploye	501(c)(3) Organizations or identification num	ber
A L	address changed Exempt under section	-	VOLUNTEERS IN MEDICINE	A II IIali	ie changed and see	maductions /	(Er	mployee	es' trust, see instructions)
	(501 (C)(3)	 	Number, street, and room or suite no If a	PO bo	x, see instructions		1	:	20-3531527	
Ī	408(e) 220(e)	Print or	190 NORTH PENNSYLVANIA AV	Æ				relate	d business activity o	code
	408A 530(a)	Туре	City or town	State	,	ZIP code	(Se	ee instr	uctions)	
	529(a)	••	WILKES-BARRE	PA		18702	_			
			Foreign country name F	oreign þ	province/state/count	Foreign postal code			531120	
)	E Cro	In avamption number (See Instruc	tions) ► N/A				331120	
	Book value of all assets at and of year		up exemption number (See instruction ck organization type			501(c) trust	401(a	a) true	st Other tru	uet (
Н	1, 155,419		ization's unrelated trades or busin					-	(or first) unrelate	
••	trade or business her	e ▶ Re	ental and leasing services		If only one, c	omplete Parts I-V	If mor	e tha	an one, describe t	the
			end of the previous sentence, com	plete	Parts I and II, c	omplete a Schedu	ule M fo	or ead	ch additional	
	trade or business, the						0		<u>- </u>	1
ı			poration a subsidiary in an affiliated g ntifying number of the parent corpora			nary controlled gro	up /		► Yes X] ио
J	The books are in care			u011.		ephone number) (5	70) 9	70-2864	
Pa			Business Income		(A) Incom		xpenses		(C) Net	
1 a	Gross receipts or sa									1437
t	Less returns and allowa		c Balance ►	1c		2530475		100		17.5
2	Cost of goods sold	-	·-	2						
3	Gross profit Subtra			3 4a	 		rate des	THE STATE		
	Capital gain net ince Net gain (loss) (Form		art II, line 17) (attach Form 4797)	4a 4b		142000	のででき かながら	五大/2 五大/2 万3/4/4		+-
				4c			Krasti.	3 34 4		
5	· ·		or an S corporation (attach statement)	5				部所生	*	T
6	Rent income (Schei	dule C)		6						
7	Unrelated debt-final			7	15,60	0 1	15,761		-161	_
8 9			from a controlled organization (Schedule F)	8						╂
10	Exploited exempt a)(7), (9), or (17) organization (Schedule G)	10		++				┼
11	Advertising income	-	-	11		1 1				+
12	-	•	ons, attach schedule)	12			2,532	型点 Axa		
13	Total. Combine line			13	15,60		15,761		-161	
Pai			ken Elsewhere (See instruction				(Exce _l	pt fo	r contributions,	
	deductions r	nust be	directly connected with the un	FE	orpheinesa ir	ncome)				_
14	Compensation of of	ficers, du	rectors, and trustees (Schedule K	IL.		10		14		—
15 16	Salaries and wages Repairs and mainte		[8]	٥٢١	30 2019	181		15 16	·	┼
17	Bad debts	ilalicc	E2-629	SEF	30 2019	PRS -OS(17		
18	Interest (attach sch	edule) (s	ee instructions)	TA.	S-81 11T	J==[l	18		
19	Taxes and licenses			JGI	DEN, UI			19		
20			e instructions for limitation rules)	A Section of the least			,	20		1
21 22	Depreciation (attach		•	.tc.	21			225	•	
23	Depletion	iaiiiieu oi	n Schedule A and elsewhere on re	turri	22a		-	22b 23		┼
24	Contributions to def	erred cor	mpensation plans				1	24		
25	Employee benefit p		, and a second					25		\vdash
26	Excess exempt exp	•	•					26		
27	Excess readership		•				ĺ	27		ļ
28	Other deductions (a		•				}	28	 	₩
29 30	Total deductions. A		14 through 28 ncome before net operating loss of	leduct	ion Subtract lin	e 20 from line 12	}	29 30	-161	-
31			s arising in tax years beginning on or				}	31	-101	
32			ncome Subtract line 31 from line					32	-161	†

14 W Northampton St, Wilkes Barre, PA 18701

Firm's address

(570) 208-2981

Phone no

Form 990-T (2018	١
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VOL	111	JTE	FF	25	IN	М	ΕD	ICI	N	F

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Dane .	4

Schedule A—Cost of Goo	ods Sold. Ente	er method of	<u>finventory valuat</u>	ionl	<u> </u>					
1 Inventory at beginning of	f year	1	6	Inve	entory at en	d of year	6			
2 Purchases		2	7	Cos	st of goods	sold. Subtract				
3 Cost of labor		3		line	6 from line	5 Enter here				
4 a Additional section 263A	costs			and	lın Part I, lıı	ne 2	7			
(attach schedule)		4a	8	Do	the rules of	section 263A (with	h respe	ect to	Yes	No
b Other costs (attach sche	edule)	4b		pro	perty produ	ced or acquired fo	r resal	e)		
5 Total. Add lines 1 through		5			ly to the org	•		·		
Schedule C—Rent Incom		Property a	nd Personal Pro				perty	<u>')</u>		
(see instructions)	•			•	•			•		
Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent recei	ved or accrued								
(a) From personal property (if the p for personal property is more tha more than 50%)	m real and personal prop e of rent for personal pro the rent is based on prof	perty	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			me			
(1)										
(2)					**					
(3)										
(4)										
Total		Total								
(c) Total income. Add totals of chere and on page 1, Part I, line 6,			(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶							
Schedule E-Unrelated D	ebt-Financed	Income (se	e instructions)							
1. Description of deb	t-financed nonerty		2. Gross income from or allocable to debt-financed property (a) S		Deductions directly connected with or to debt-financed property				ble	
	. Illianoca proporty				(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1) LAND & BUILDING			15,6	00		5,282			10	0,479
(2)				\bot						
(3)				_						
(4)	· •									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average ad of or alloo debt-finance (attach so	cable to d property	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)		8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))				
(1) 155,11	7	155,117	100)%		15,600			15	5,761
(2)				%						
(3)				%						
(4)				%						
						and on page 1, e 7, column (A)		here and I, line 7, c		
Totals				▶Ĺ		15,600				5,761
Total dividends-received deduction	ctions included in	column 8				•				

(4)

Totals (carry to Part II, line (5))

Form 990-T (2018) VOLU	NTEERS IN MED	ICINE				20-3	3531527	Page 4
Schedule F—Interest, Annuit			nts From (Controlled Orga	nizations (see	e instruc	tions)	•
				Organizations				
Name of controlled organization	2. Employer identification number		related income ee instructions)		5. Part of colur included in the organization's g	controlling	g conn	eductions directly ected with income in column 5
(1)								
(2)								. ,
(3)								
(4)								
Nonexempt Controlled Organization	ns		·					
7 Taxable Income	8. Net unrelated (loss) (see instru			Total of specified payments made	10. Part of colu included in the organization's g	controlling	g conne	eductions directly cted with income in column 10
(1)								
(2)								
(3)			ļ					
(4)			<u></u>		Add salvess	E and 40	0 4 4	naluman C and 11
					Add columns Enter here and Part I, line 8, c	on page 1	1, Enter I	columns 6 and 11 nere and on page 1, line 8, column (B)
Totals					<u>- </u>			
Schedule G—Investment Inc	<u>ome of a Section</u>	on 501(c	T		tion (see instru	ctions)		
1. Description of income	2 Amount of a	2 Amount of income		3 Deductions directly connected (attach schedule)		4. Set-asides (attach schedule)		tal deductions et-asides (col. 3 ilus col. 4)
(1)								
(2)								
(3)			ļ					
(4)	<u> </u>		INVESTIGATION AND AND AND AND AND AND AND AND AND AN	الإجهابية برادماء ودراز ودرازات الجداد مداردا إدرازي وبدالهم ويرازان	re was been in bound in brown have	રાંતકા ગામ્યવસ	<u> </u>	
Totals •	Enter here and o		ing profit makanggarangan salah galah	and the second s		CILL SECTION OF THE		e and on page 1, e 9, column (B)
Schedule I—Exploited Exem	pt Activity Inco	me, Oth	er Than A	dvertising Inco	me (see instruc	ctions)		
1 Description of exploited activity	2. Gross unrelated business incor from trade of business	ome connected with		4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)				Biranda Alianda isang kanggaran ing Kalanda Santa	Deleter de la companya de la company	Cardin indianida	um Atmus	F-4
Totals	Enter here and page 1, Part line 10, col (A	l, pag	here and on le 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 26
Schedule J—Advertising Inc	ome (see instruct	tions)	<u>.</u>		manager of the angular of the state of the state of	Trees T		•
Part I Income From Peri			Consolida	ated Basis				
1. Name of periodical	2. Gross advertising income	3	3. Direct rtising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income		adership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								

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.)

columns 2 through 7 o	n a line-by-line	pasis.)				
1 Name of penodical	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)						
Totals from Part I						
Totals, Part II (lines 1-5)	Enter nere and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		inning green ar (1930) Salay Kanay		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		•				

Form **990-T** (2018)

Form 990T Schedule E 3b Other deductions

UTILITIES	4,114
INTEREST	1,157
MAINTENANCE	2,273
INSURANCE	2,935

10,479