| Form | 990-T 🌊 | 6 | Exempt Orga | nization Bus | sine | ss Income | Tax Returi | OME | 3 No 1545-0687 |
|------------|---|------------|---------------------------------|-----------------------------|-----------|---------------------------|-------------------|------------------------------|---|
| | • | Eor or | lendar year 2017 or other tax y | | | | TN 30 20 | | ንበ17 |
| | , su | For ca | | | | | | <u>. o</u> | _U 1,1 |
| | tment of the Treasury al Revenue Service | - | Do not enter SSN number | | y be ma | de public if your organ | | | Public Inspection for Organizations Only |
| A L | Check box if address changed | 4 | Name of organization (L | Check box if name of | changed | and see instructions.) | • | (Employees' instructions) | |
| _ | xempt under section | Print | NORTHEAST I | REATMENT CE | ENTE | RS, INC | | 23-1 | 728478 |
| X | 501(c∭3) | or | Number, street, and roor | m or suite no. If a P.O. bo | x, see ir | istructions. | | E Unrelated but | siness activity codes |
| | 408(e) 220(e) | Туре | 499 N FIFTH | STREET | | | | 」`. | , |
| |] 408A | | City or town, state or pro | | | | • | 531120 | ı |
| | ok value of all assets | | F Group exemption num | ber (See instructions.) | | | | | |
| at t | end of year 28,871,2 | 11. | G Check organization typ | ne ► X 501(c) cor | poration | 501(c) trust | 401(a |) trust 🔼 | Other trust |
| H De | | | ary unrelated business act | ivity. > REAL PR | OPE | RTY RENTAL | . • | - | |
| I Du | iring the tax year, was | the cor | poration a subsidiary in an | affiliated group or a pare | nt-subs | idiary controlled group? | • | Yes | X No |
| | | | tifying number of the pare | - | | | | | |
| J Th | e books are in care of | | THE ORGANIZA | TION | | Telep | hone number 🕨 🕻 | 215-451 | -7000 |
| Pa | rt I Unrelate | | de or Business Inc | | | (A) Income | (B) Expense | s , . | (C) Net |
| 1a | Gross receipts or sale | es | | | | | | | |
| Ь | Less returns and allo | wances | | c Balance | 1c | | | | |
| 2 | Cost of goods sold (S | • | A, line 7) | · · | 2 | | *** | | |
| 3 | Gross profit. Subtract | | | | 3 | | | | |
| 4 a | Capital gain net incon | | | • | 4a | | | **** | |
| | · - | • | Part II, line 17) (attach Forr | n 4 797) | 4b | | | | • |
| | Capital loss deduction | | | , | 4c | | | | • |
| 5 | • | | nips and S corporations (at | ttach statement) | 5 | | | *** | 1 |
| 6 | Rent income (Schedu | | (| , | 6 | | , | • | |
| 7 | Unrelated debt-finance | | me (Schedule E) | | 7 | 31,648 | 23,3 | 305. | 8,343. |
| 8 | _ | | and rents from controlled o | organizations (Sch. F) | 8 | | | | 7 |
| 9 | | | on 501(c)(7), (9), or (17) c | · | 9 | | | • | |
| 10 | Exploited exempt acti | ivity_inco | ome (Schedule I) | • | 10 | | | • | |
| 11 - | Advertising income (| Schedul | e J) | | 11 | <u> </u> | <u> </u> | | |
| 12 | Other income (See in | structio | ns; attach schedule) | | 12 | | | | • |
| 13 | Total, Combine lines | | | <u> </u> | 13 | 31,648 | | 305. | <u>8,343.</u> |
| ŀ₽a | | | ot Taken Elsewhe | | | | | • | |
| | | | utions, deductions mus | | a with | the unrelated busines | ss income) | | |
| 14 | | ficers, d | rectors, and trustees (Sch | edule K) | | - IFD | ı | 14 | |
| 15 | Salaries and wages | | | | DE(| FIREP | 1 | 15 | |
| 16 | Repairs and mainter | nance | | ـ ا | ロド | 1000 | 1 | 16 | |
| 17 | Bad debts | امارياما | | أيوا | | , 1 6 2014 to | \cdot - t_{c} | 17 | |
| · 18 19 | Interest (attach sche Taxes and licenses | eaute) | | /4/ | AM | | } | 18 | |
| 20 | | inne (Se | e instructions for limitation | E1-436 | | BENT III | | 20 11 | |
| 21 | Depreciation (attach | | | 110(65) | The | DEN 2 | هميت | 20 | |
| 22 | | | n Schedule A and elsewhe | re on return | | 22a | <u> </u> | 22b | |
| 23 | Depletion - | u | 17 001100010 77 0110 013011110 | • | | (EEG) | - - | 23 | |
| 24 | Contributions to def | erred co | mpensation plans | | | | | 24 | |
| 25 | Employee benefit pr | | | • | • | | • | 25 | • |
| 26 | Excess exempt expe | | | • | | | | 26 | |
| 27 | Excess readership c | | | | | | | 27 | |
| 28 | Other deductions (a | | | | | SEE STAT | TEMENT 1 | 28 | 1,000. |
| : 29 | Total deductions. A | | | | | | | 29 | 1,000. |
| 30 | Unrelated business | taxable | ncome before net operatin | g loss deduction Subtra | ct line 2 | 9 from line 13 | | 30 | 7,343. |
| 31 | Net operating loss d | leductio | n (limited to the amount or | n line 30) | | • | | 31 | |
| 32 | | | ncome before specific ded | | | 30 | | 32 | 7,343. |
| 33 | | | ly \$1,000, but see line 33 ii | | | * ', | • | 33 | 1,000. |
| 34 | | taxable | e income Subtract line 33 | from line 32. If line 33 is | greater | than line 32, enter the s | maller of zero or | | |
| | line 32 | | | | | | <u></u> | 254 | 6,343. |
| 70070 | LUA E | ar Dana | rwork Reduction Act Notic | o noo instructions | | | | Eor | m 990-T (2017) |

| orm 990-1 | (2017) NORTHEAST TREATMENT CENTERS, INC | 23-1728478 | Page 2 |
|--------------|---|---------------------------------------|-------------|
| Pärt I | ··· | | |
| 35 | Organizations Taxable as Corporations. See instructions for tax computation. | | , · |
| | Controlled group members (sections 1561 and 1563) check here See instructions and: | | |
| а | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): | | • |
| | (1) \$ | | |
| b | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) | | |
| _ | (2) Additional 3% tax (not more than \$100,000) | | |
| r | Income tax on the amount on line 34 SEE STATEMENT- 2 | ▶ 35c | 1,140. |
| 36 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: | | 1/1101 |
| 00 | Tax rate schedule or Schedule D (Form 1041) | 36 | |
| 37 | Proxy tax. See instructions | 37 | |
| 38 | Alternative minimum tax | 38 | |
| | | 39 | |
| 39 40 | Tax on Non-Compliant Facility Income See instructions Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies | V4 46 | 1,140. |
| Part I | | 7.8 40 | 1,140. |
| | | 300000 m | |
| | | | • |
| D | Other credits (see instructions) | | |
| C | General business credit. Attach Form 3800 | | |
| | Credit for prior year minimum tax (attach Form 8801 or 8827) | | |
| | Total credits. Add lines 41a through 41d | - 41e | 1 1 4 0 |
| 42 | Subtract line 41e from line 40 | 142 | 1,140. |
| 43 | · · · · · · · · · · · · · · · · · · · | ttach schedule) 43 | 1 1 1 0 |
| 44 | Total tax. Add lines 42 and 43 | 47 47 · · · · | 1,140. |
| | Payments: A 2016 overpayment credited to 2017 | 700 | |
| | 2017 estimated tax payments 50b 45b | 798. | |
| | Tax deposited with Form 8868 | 2,089. | |
| | Foreign organizations: Tax paid or withheld at source (see instructions) 45d | | |
| | Backup withholding (see instructions) | | |
| | Credit for small employer health insurance premiums (Attach Form 8941) | | |
| g | Other credits and payments: Form 2439 | | |
| | Form 4136 Other Total | | |
| 46 | Total payments. Add lines 45a through 45g | 51 46 | 2,887. |
| 47 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | 274 | <u> </u> |
| 48 | Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed | ► 48 C(1 to | 1 700 |
| - 62- | Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid | ►S(4.49) | 1,722. |
| 5 50 5 50 | | inded SS50 | 0. |
| | Statements Regarding Certain Activities and Other Information (see instruction) | | Tw. |
| 51, | At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority | 1 | Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file | • | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country | | 3332 3333 |
| | here > | | X |
| 52 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore | eign trust? | X |
| | If YES, see instructions for other forms the organization may have to file. | • | |
| 53 | Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the | a bact of my knowledge and belief it | @- 42.00 |
| Sign | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | e best of my knowledge and belief, it | is true, |
| Here | Anna Aull Anna Anna Anna Anna Anna Anna Anna An | May the IRS discuss the | _ |
| | Signature of Afficer Date PRESIDENT/CEO | the preparer shown be instructions)? | |
| | | | es No |
| | | Check If PTIN | |
| Paid | | elf- employed | |
| Prepa | | P00483 | |
| Use C | | Firm's EIN \triangleright 41-074 | 16749 |
| | 610 W. GERMANTOWN PIKE, STE. 400 | Db 045 643 6 | 2000 |
| | Firm's address ▶ PLYMOUTH MEETING, PA 19462 | Phone no. 215-643- | 3900 |

| Schedule A - Cost of Goods | Sold. Enter method of inv | ventory valuation N/A | | |
|---|--|---|--|---|
| 1 Inventory at beginning of year | 1 | 6 Inventory at end of year | r | 6 |
| 2 Purchases | 2 | 7 Cost of goods sold. Su | btract line 6 | |
| 3 Cost of labor ~ | 3 | from line 5. Enter here a | and in Part I, | |
| 4a Additional section 263A costs | | line 2 | | 7 |
| (attach schedule) | 4a | 8 Do the rules of section | 263A (with respect to | Yes No |
| b Other costs (attach schedule) | 4b | property produced or a | cquired for resale) apply to | |
| 5 Total. Add lines 1 through 4b | 5 | the organization? | | |
| Schedule C - Rent Income (I (see instructions) | From Real Property a | ınd Personal Property I | Leased With Real Pro | operty) |
| Description of property | | | | |
| (1) | | | <u> </u> | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | , | |
| | 2. Rent received or accrued | | 3(a) Deductions direc | tly connected with the income in |
| (a) From personal property (if the perconent for personal property is more to 10% but not more than 50%) | han i of rent f | eal and personal property (if the percenta for personal property exceeds 50% or if e rent is based on profit or income) | columns 2(a) | and 2(b) (attach schedule) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Total | 0 . Total | | 0. | |
| (c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column | | | (b) Total deductions Enter here and on page 1, Part I, line 6, column (B) | 0. |
| Schedule E - Unrelated Deb | t-Financed Income (s | ee instructions) | | |
| | | 2. Gross income from | | onnected with or allocable inced property |
| 1. Description of debt-fine | anced property | or allocable to debt- financed property | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| | | | and in Part I, 263A (with respect to acquired for resale) apply to Leased With Real Property of the second secon | STATEMENT 4 |
| (1) RENTAL REAL ESTAT | TE | 35,760. | 14,26 | 12,069. |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 5 | 5. Average adjusted basis of or allocable to debt-financed property STATEMENT 6 | 6. Column 4 divided by column 5 | reportable (column | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| | 276,35 | 7. 88.50% | 31 64 | 8. 23,305. |
| | | 7. 88.30% | JI, 040 | 23,303. |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | 70 | | Enter here and on page 1, Part I, line 7, column (B) |
| Totals | | | 31.64 | 8. 23,305. |
| Total dividends-received deductions inc | luded in column 8 | | <u> </u> | D 0. |
| TOTAL BITTOCHES TOUCHER GEORGEOUS INC | | | | F 200 T (0047) |

| Sche | dule F - Interest, A | Annuitie | s, Royal | ties, ar | nd Rent | s From C | ontroll | ed Organiz | ation | 1S (see ins | struction | s) |
|-------------------|--|--|-------------------------------------|------------------------------------|--|---|--|--|-------------------|--|---|---|
| | | • | | | Exempt (| Controlled O | rganızatı | ions . | | | _ | |
| | Name of controlled organizat | ion (| 2 Emp identific numb | ation | 3. Net uni | related income instructions) | 4 . To | tal of specified ments made | includ | t of column 4 ed in the cont ation's gross | rolling | 6. Deductions directly connected with income in column 5 |
| | | | | | | | | | | | | |
| (1) . | 1 | | | | | | ļ | | <u> </u> | | | |
| _(2) | <u> </u> | _ | | | | | | | | | | |
| _(3) | | | | | | | | | | | | |
| (4) | | | | | | | • | | | | | |
| Nonex | empt Controlled Organiz | zations | | | | | | | | | | |
| | 7 Taxable Income | | nrelated incomi ee instructions) | | 9. Total | of specified pays made | ments | 10. Part of column the controll gross | | ization's | 11 Dec with | ductions directly connected income in column 10 |
| | هر | | <u> </u> | | | | | | | | | <u> </u> |
| _(1) | · | • | | | | · | | ļ | | | | |
| _(2) | | | | | | | | | | | | |
| _(3) | • | | | | | | | * | | | | <u> </u> |
| _(4) | | | | | | | ` | | | | | |
| • | , | | | | | | | Add colun Enter here and line 8, c | | 1, Part I, 4) | Enter h | d columns 6 and 11 ere and on page 1, Part I, line 8, column (B) |
| Totals | | • | • | | | | • | - | | ٠0. | | 0. |
| | edule G - Investme | nt Incor | me of a S | Section | 501/c)/ | 7) (9) or | (17) () | rganization | | | | |
| CHE | see instr) | | ne or a s | ection | 1 30 1(6)(| 7 J, (3 J, OI | (17) 01 | garıızatıçı | • | | | |
| | /366 [1131] | uctions | | | <u> </u> | ſ | | 3. Deductio | | - | | E 7-11-1-1-1-1-1 |
| | 1. Descr | iption of inco | me | | | 2. Amount of | псоте | directly conne (attach sched | cted | 4. Set- (attach s | asides schedule) | 5 Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | | <u> </u> | | | | | | <u> </u> |
| (2) | | | | | | | | | | | <u> </u> | <u>`</u> |
| (3) | | | | | | | | | | | | |
| ·(4) | | | | | | | | | | | | |
| | | • | | | | Enter here and Part I, line 9, co | | | | | | Enter here and on page 1, Part I, line 9, column (B) |
| Totals | | | | | <u> </u> | · | 0. | | ***** | | | 0. |
| Sche | edule.I - Exploited (see instru | - | Activity | Incom | e, Othe | r Than Ac | lvertisi | ing Income | • | | • | |
| | Description of exploited activity | ' 2 G unrelated incom trade or t | business e from | directly of with pro of unit | penses connected oduction related s income | 4 Net incon from unrelated business (cd minus colum gain, comput through | trade or olumn 2 n 3) If a e cols 5 | 5. Gross inconfrom activity is not unrelated business inconfront | that ted | 6. Exp attribut colur | able to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | _ | | | | | , | |
| (2). | | (| | | | | - | | | | | |
| (3) | | | + | | | | | | | | | · · · - |
| (4) | | | | | · · · | | | | | | | · · |
| | | Enter her page 1 line 10, | , Part I, | page 1 | re and on I, Part I, , col (B) | | | | | | | Enter here and . on page 1, Part II, line 26 |
| Totals | [ا نادناد میداد کا مازیاد م | l | <u> </u> | -4 | 0. | ************************************** | ###################################### | | 36,346 /88 | | *************************************** | 0. |
| | edule J - Advertisi | | | | | | | | | | | · |
| | Income From I | eriodic | als Repo | orted o | n a Con | solidated | Basis | · | · · · · - | | | , |
| | 1 Name of periodical | | 2 Gross advertising income | | 3. Direct ertising costs | or (loss) (c | | | | 6. Reade cost | | Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) (2) (3) | | | | | | | | | , | - | | |
| _ (4) | /accrete Deat II have (5) | | • • • • | | , | 1 | en i Sustantion | . , | | | * 4 | ^ |
| iotals | (carry to Part II, line (5)) | | |). | 0 | <u>•</u> | | | | | | 0. |

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.)

| 1. Name of perio | dical | 2 Gross advertising income | 3. Direct advertising costs | 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) |
|-----------------------------|--------------|--|--|---|----------------------|---------------------|---|
| (1) | | | | | | · | |
| (2) | · <u>-</u> - | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | м, | |
| Totals from Part I | <u></u> ▶ | 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 27 |
| 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) | | J | | | | | % | |
| (3) | | | · · | | | | % | |
| (4) | | | | <u> </u> | | ••- | % | |
| Total. Ente | er here and o | on page 1, Part II, line 14 | | | | | ▶ | 0. |

Form 990-T (2017)

| FORM 990-T | OTHER DEDUCTIONS | STATEMENT ' 1 |
|------------------------------|------------------|---------------|
| DESCRIPTION . | | AMOUNT |
| PREPARATION FEE | | 1,000. |
| TOTAL TO FORM 990-T, PAGE 1, | LINE 28 | 1,000. |

| FORM | 990-T LINE 35C TAX COMPUTATION | | STATEMENT | 2 |
|------------|---|------------|-----------|----|
| 1. | TAXABLE INCOME | 6,343 | | |
| 2. | LESSER OF LINE 1 OR FIRST BRACKET AMOUNT | 6,343 | | |
| 3. | LINE 1 LESS LINE 2 | 0 | | |
| 4. | LESSER OF LINE 3 OR SECOND BRACKET AMOUNT | 0 | | |
| 5. | LINE 3 LESS LINE 4 | 0 | | |
| 6. | INCOME SUBJECT TO 34% TAX RATE | 0 | | |
| 7. | INCOME SUBJECT TO 35% TAX RATE | 0 | | |
| 8. | 15 PERCENT OF LINE 2 | 951 | | |
| 9. | 25 PERCENT OF LINE 4 | 0 | | |
| 10. | 34 PERCENT OF LINE 6 | 0 | | |
| 11. | 35 PERCENT OF LINE 7 | 0 | | |
| 12. | ADDITIONAL 5% SURTAX | 0 | | |
| 13. | ADDITIONAL 3% SURTAX | 0 | | |
| 14. | TOTAL INCOME TAX | _ | 9! | 51 |
| , | | _ | | |
| 15. | TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017 | 1,332 | | |
| | DAYS | | | |
| 16. 17. | TAX PRORATED FOR NUMBER OF DAYS IN 2017 184 TAX PRORATED FOR NUMBER OF DAYS IN 2018 181 | 479 661 | | |
| 18. | TOTAL TAX PRORATED 365 | | 1,1 | 40 |

| FORM 990-T SCHEDULE E - DEPRECIA | ATION DEDUCT | ION | STATEMENT | 3 |
|---|--------------------|--------------------------|-----------|----------|
| DESCRIPTION. | ACTIVITY NUMBER | AMOUNT | TOTAL | |
| DEPRECIATION EXPENSE - SUBTOTAL | - 1 | 14,264. | 14,20 | 64. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN | 3(A) | | 14,20 | 64. |
| FORM 990-T SCHEDULE E - OTHE | R DEDUCTIONS | | STATEMENT | 4 |
| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL | |
| INSURANCE INTEREST TAXES | | 5,799. 6,053. 217. | | |
| - SUBTOTAL | - 1 | | 12,00 | 59. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN | 3(B) | | 12,00 | 69. — |
| FORM 990-T AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN | | RTY | STATEMENT | <u> </u> |
| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL | |
| AVERAGE DEBT (BEGINNING 256,496, ENDING 232,639) - SUBTOTAL | - 1 | 244,568. | 244,5 | 68. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN | 4 | | 244,50 | |

| FORM 990-T AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI | | STATEMENT | 6 | |
|--|--------------------|-----------|-------|-----|
| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL | |
| AVERAGE FIXED ASSETS (BEGINNING 279,162, ENDING 273,552) - SUBTOTAL - | | 276,357. | 276,3 | 57. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN | 5 | | 276,3 | 57. |