	. /		,					.00				
	- 23							.29	3.9.	32	70 o	3608
Form	990-T	E	Exempt Organization	n Bus	sine	ss Inco	me T					lo 1545-0687
- \$	_		and proxy	tax und	ler se	ction 6033	(e))	190V)			
į.		For cal	endar year 2018 or other tax year beginning $\overline{\mathbf{J}}$	UL 1,	20	18 , and en-	_{ding} JU	N 30;	201	9	2	018
	ent of the Treasury Revenue Service		► Go to www.irs.gov/Form • Do not enter SSN numbers on this form)1(c)(3)	ŀ	Open to Pu	ublic Inspection for Organizations Only
A [Check box if		Name of organization (fication number
D. Evo	address changed mpt under section	D-:-4	NORTHEAST TREATMEN	NT (TE	NTEL	OC TNC				_	uctions)	28478
	501(c.)(3.)	or	Number, street, and room or suite no. I				•			E Unre		ess activity code
===	408(e) 220(e)	Type	499 N FIFTH STREET	Г						(000)	nse dellons	• •
	408A530(a) 529(a)		City or town, state or province, country PHILADELPHIA, PA	-	•	•				531	120	
c Book	value of all assets		F Group exemption number (See instru	ıctıons.)	>			<u></u>				
	29,591,6		G Check organization type 🕨 🗶		poration	501	(c) trust		401(a)	trust		Other trust
		•	tion's unrelated trades or businesses.	-	1			the only (or	•			
			AL PROPERTY RENTAL	1-t- D				complete P				} ,
	ribe the first in the bi less, then complete I	•	ce at the end of the previous sentence, c	ompiete Pa	arts i an	a II, complete a	Scheanle	IVI for each	additiona	u trade	or	
			·v. oration a subsidiary in an affiliated group	or a pare	nt-suhsi	diany controller	l group?		▶ [T Ye	s X	
			ifying number of the parent corporation.		Subbi	ulary corta once	group			<u> </u>	.5	_ 110
	pooks are in care of		THE ORGANIZATION				Teleph	one number	▶ 2	15-	451-	7000
Part	Unrelated	Trac	le or Business Income			(A) Inco	me	(B) E	xpenses			(C) Net
1a G	ross receipts or sale	s			_							
	ess returns and allov		c Balance	>	10	-REC	EIVE	ED ·				
	ost of goods sold (S		•		2			22/20/20/20/20 ASS	1 (49.38) CA COSC 00		\$6*\@C	<i>最为分</i> 金线
	ross profit. Subtract				3 q		2 4 20	7112				
	apital gain net incom et gain (loss) (Form	•	art II, line 17) (attach Form 4797)		4a 9	31 3011	- T L	8	460 000 140 000	25.5		
	apital loss deduction				4c	000	CN	187				
	•		hip or an S corporation (attach statemen	ıt)	5	UGL	EN,					
	ent income (Schedul			•	6							
`17 U	nrelated debt-finance	ed incon	ne (Schedule E)		7	36,	471.		22,24	44.		14,227.
		-	nd rents from a controlled organization (-	8							
			n 501(c)(7), (9), or (17) organization (Sc	chedule G)	$\overline{}$							
	cploited exempt activ	-	,		10							
	dvertising income (S ther income (See ins		•		12				Est Hole	1000		
	otal. Combine lines				13	36.	471.		22,2			14,227.
Part			t Taken Elsewhere (See instr	uctions fo								
	(Except for c	ontribu	tions, deductions must be directly o	connected	with t	he unrelated I	ousiness	income)				
14 (Compensation of offi	cers, dır	ectors, and trustees (Schedule K)							14_		
	Salaries and wages								ļ	15		
	Repairs and maintena	ance							}	16		
	Bad debts - nterest (attach sched	tulo) (co	a instructions)						}	17		
	faxes and licenses	ruie) (se	e instructions)						}	18 19		
		ns (See	instructions for limitation rules)							20		
	Depreciation (attach l	•	•				21		j			
22 ` l	ess depreciation cla	ımed on	Schedule A and elsewhere on return				2a			22b		
23 [Depletion								į	23		
	Contributions to defe	rred cor	npensation plans						- 1	24		
	mployee benefit pro	-	hadula ()						}	25		
	xcess exempt expen	•	·						}	26 27		
	xcess readership co Other deductions (att		•			SEE	STAT	EMENT	1	2 B		1,000.
	otal deductions, Ac		•						28	29		1,000.
			come before net operating loss deductio	n. Subtrac	t line 29	from line 13			Ť	30		13,227.
			oss arising in tax years beginning on or a				ions)		30	31		
32 l	Inrelated business ta	xab <u>le in</u>	come. Subtract line 31 from line 30						_3\[32		13,227.
823701 (1-09-19 LHA Fo	Paper	vork Reduction Act Notice, see instructi	ions.					•		Form 5	990-T (2018)

Form 990-		IEAST TREATM		INC.		<u>23</u> -17	<u> 28478</u>	Page 2
(Rart	II Total Unrel	ated Business Ta	xable Income					
33	Total of unrelated but	siness taxable income cor	nputed from all unrelated trade	s or businesses	(see instructions)	33	13,227.
34	Amounts paid for dis		,			•	34	
35	· ·	•	years beginning before January	/ 1. 2018 (see in	structions)		35	
36	· ·		ore specific deduction. Subtrac	•	•		"	
•	lines 33 and 34					-0	36	13,227.
37		Senerally \$1 000, but see I	ine 37 instructions for exception	ine)		39	5 37	1,000.
38	· · · · · · · · · · · · · · · · · · ·		line 37 from line 36. If line 37	•	no 26	· 1	. j' 	2,000.
30	enter the smaller of z		. Illie 37 Hotti illie 30. It illie 37	is greater than i	ille 30,	24	NI I . I	12,227.
Part	Vi Tax Compu						<u>` 38 </u>	12,441.
			inhy line 39 by 319/ (0.31)			√ Oy/	1 10 1	2,568.
39 40			iply line 38 by 21% (0.21) is for tax computation. Income	toy on the amou	ent on leng 20 from	√ '	39	2,300.
40		_		tax on the amou	int on title 30 iroi	II. 	28 38 A	
44	Tax rate schedu		(Form 1041)				1 40	
41	Proxy tax. See instru					•	41	
42	Alternative minimum						42	
43		t Facility Income. See in:				\ <u>\</u>	43	2 5 6 0
44		12, and 43 to line 39 or 40	, wnichever applies				44	2,568.
Part		·			T T		Similater	
	• ,	•	18; trusts attach Form 1116)		45a			
b	Other credits (see ins	•			45b			
С	General business cre				45c		- 🐝	
d	, ,	ninimum tax (attach Form	8801 or 8827)		45d			
е	Total credits. Add lin	•					45e	0.560
46	Subtract line 45e from						46	2,568.
47	Other taxes. Check if	from: Form 4255 _	Form 8611	697 Form	8866 Othe	Cr (attach schedule)	47	
48	Total tax. Add lines 4	16 and 47 (see instruction	s)			d	1 40	2,568.
49	2018 net 965 tax liab	ility paid from Form 965-A	\ or Form 965-B, Part II, colum	in (k), line 2 🔾	.		49	0.
50 a	Payments: A 2017 ov	verpayment credited to 20	18	<i>ا</i> رک	√0 50a	1,722		
b	2018 estimated tax pa	ayments		い	59b	1,752	-	
C	Tax deposited with Fo	orm 8868		•	50c			
d	Foreign organizations	: Tax paid or withheld at s	ource (see instructions)		50d			
е	Backup withholding (see instructions)			50e			
f	Credit for small emple	oyer health insurance prei	miums (attach Form 8941)		50f			
g	Other credits, adjustn	nents, and payments: 🔃	Form 2439					
	Form 4136		Other	Total	► 50g			
51	Total payments. Add	lines 50a through 50g					5,1	<u>3,474.</u>
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 of	owed		▶	53	
O 54.	Overpayment. If line	51 is larger than the total	of lines 48, 49, and 52, enter a	mount overpaid	,	(5) ▶	54	906.
<u>√ 55</u>		ine 54 you want: Credited				Refunded 🕨	55	0.
Part \	Statements	Regarding Certa	in Activities and Oth	er Informat	ion (see insti	uctions)		
56	At any time during the	e 2018 calendar year, did	the organization have an intere	st in or a signati	ire or other autho	rity		Yes No
	over a financial accou	int (bank, securities, or ot	her) in a foreign country? If "Ye	es," the organizat	ion may have to f	ile		
	FinCEN Form 114, Re	port of Foreign Bank and	Financial Accounts. If "Yes," en	ter the name of t	he foreign countr	у		
	here ►							X
57	During the tax year, d	id the organization receive	a distribution from, or was it	the grantor of, o	r transferor to, a f	foreign trust?		X
			ganization may have to file.		•	Ū		
58	Enter the amount of ta	ax-exempt interest receive	d or accrued during the tax yea	ar ▶\$				
			ined this return, including accompan				edge and be	lief, it is true,
Sign	correct, and complete	Declaration of preparer (other	than taxpayer) is based on all inform	lation of which prep	arer has any knowled	· .		
Here		m'n_	06 23 2020	PRESI	ENT/CEO		-	discuss this return with shown below (see
	Signature of of	ficer	Date	Title	,		nstructions)?	
	Print/Type prej	parer's name	Preparer's signature	-	Date	Check	ıf PTIN	
Daid	, , , , , , , , , , , , , ,		i roparor o orginatoro		54.0	self- employed		
Paid	CONNIE	M. LIRA	CONNIE M. LI	ra k	06/10/20			0481097
Prepa		CLIFTONLAR		-	,,	Firm's EIN		-0746749
Use C	mly Francisiane		RMANTOWN PIKE,	SUTTE	400	THIN S CHIV		<u> </u>
	Firm's address		MEETING, PA 1			Phone no.	(215)	643-3900
823711 01						1	<u>, / </u>	Form 990-T (2018)
								200 1 (2018)

Form 990-T (2018)

1 Inventory at beginning of year 2 7 Cost of goods sold. Subtract line 5 1 1 1 1 1 1 1 1 1	Schedule A - Cost of Goods	s Sold. Enter	method of invent	ory v	aluation ► N/A	,				
2 Purchases 2 1 7 Cest of goods setds. Subtract time 6 1						r	-	6		
3 Cost of labor 4a Additional section 283A costs (etach schedule) 4a b	2 Purchases	2		7 Cost of goods sold. Subtract line 6						
(attach schedule) b Other roles (attach schedule) 5 Total. Add lines ! through db 6 Total see instructions) 1. Description of property (1) (2) (3) (4) (4) (5) (7) (8) (9) (9) (9) (1) (9) (1) (1) (1	3 Cost of labor	3		1	<u>-</u>					
b Other costs (attach schedule) 5 Total Add lens I through 4b 5 Total Common Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) (4) (2) (3) (4) (5) (6) (7) (8) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	4a Additional section 263A costs]	line 2			7		
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (a) From parametrip property (the percentage of cere from 10% but not more than 50%) (b) From real and parametrip property (the percentage of cere from 10% but not more than 50%) (c) Total (d) Total (e) Item and totals of columns 2(a) and 2(b). Enter there and on page 1, Part 1, line 8, column (A) Schedule E - Unrelated Debt-Financed Income 1. Description of debt-financed property 2. Gross income from (a) Strattement (b) Dother description (distin schodule) 3. Description description (distin schodule) 5. Amount of severage accumition (distin schodul	(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (if) (2) (3) (4) 2. Rent received or accrued 2. Rent received or accrued (a) From personal property (if the percentage of rent to personal property (if the percentage of rent	b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
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(2) (3) (4) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 1. Description of debt-financed property 2. Gross income from (a) 2. Cross income from (a) 2. Gross income from (a) 3. Deductions deat-financed property 4. Add (a) 4. Add (a) 4. Add (a) 4. Add (a) 4. Gross income from (a) 2. Gross income from (a) 3. Deductions deat-financed property 4. Gross income from (a) 4. Add (a)	(1)									
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(3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 4 (1) 220,188. 266,917. 82.49% 36,471. 22,244. (2) % (3) (4) **Enter here and on page 1, Part I, line 7, column (B) Totals **Totals** **Totals** 5. Average adjusted basis of or allocable to debt-financed property (column 4 divided by column 5 and divided by column 5 and divided by column 5 and divided by column 6 and divided by column		re .			44,213.		14,238	•	14,	128.
(4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 4 (1) 220,188. 266,917. 82.49% 36,471. 22,244. (2) % (3) % (4) Enter here and on page 1, Part I, line 7, column (B) Totals Totals								+		
4. Amount of average acquisition debt-financed property (attach schedule) STATEMENT 4 (1) 220,188. 266,917. 82.49% 36,471. 22,244. (2) % (3) % (4) Enter here and on page 1, Part I, line 7, column (B) Totals 7. Gross income reportable (column 2 x column 6) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) 8. Allocable deductions (column 6 x total of columns 2 x column 6) 8. Allocable deductions (column 6 x total of columns 2 x column 6) 8. Allocable deductions (column 6 x total of columns 2 x column 6) 8. Allocable deductions (column 6 x total of columns 2 x column 6) 8. Allocable deductions (column 6 x total of columns 2 x column 6) 8. Allocable deductions (column 6 x total of columns 2 x column 6) 8. Allocable deductions (column 6 x total of columns 2 x column 6) 8. Allocable deductions (column 6 x total of columns 2 x column 6) 8. Allocable deductions (column 6 x total of columns 2 x column 6) 8. Allocable deductions (column 6 x total of columns 2 x column 6)							· · · · · · · · · · · · · · · · · · ·	+		
debt on or allocable to debt-financed property (attach schedule) STATEMENT 4 STATEMENT 5 5 5 5 5 5 5 5 5	``	E Average	advisted basis		California di diserda di		7 0	0.48		
STATEMENT 4 STATEMENT 5 (1) 220,188. 266,917. 82.49% 36,471. 22,244. (2) % (3) % (4) Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals Totals	debt on or allocable to debt-financed	of or a	llocable to	0.			reportable (column	(column 6 :	k total of c	clumns
(1) 220,188. 266,917. 82.49% 36,471. 22,244. (2) % (3) % (4) Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals 10 220,188. 266,917. 82.49% 36,471. 22,244.		STA ⁽ †††					2 x column 6)	3(a) and 3(b))	
(2)		021122			82.49%		36.471.		22.2	244.
(3)		_ .	,					1		
(4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals **Totals** **Total** **		-								
Enter here and on page 1, Pert I, line 7, column (A) Part I, line 7, column (B) Totals Enter here and on page 1, Part I, line 7, column (B) 22, 244.	(4)			-						
Totals 36,471. 22,244.		-								
	Totale					•		1		
		cluded in coliimn	8				JU, 4/17	+	<u> </u>	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)			22.5			
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Form **990-T** (2018)

Form 990-T (2018) NORTHEAST TREATMENT CENTERS, INC. 23-17284
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 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)
(1)							
(2)							<u> </u>
(3)							
(4)					,		
Totals from Part I	•	0.	0.			100 22 30	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.		100		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		•	0.

Form 990-T (2018)

FORM 990-T	OTHER DE	DUCTIONS		STATEMENT 1
DESCRIPTION				AMOUNT
PREPARATION FEE			-	1,000.
TOTAL TO FORM 990-T,	PAGE 1, LINE 28		-	1,000.
FORM 990-T SC	HEDULE E - DEPRECIA	TION DEDUCT	ION	STATEMENT 2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION EXPENSE	- SUBTOTAL -	1	14,238.	14,238.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(A)		14,238.
FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE INTEREST TAXES			5,731. 6,779. 218.	
	- SUBTOTAL -	1		12,728.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(B)		12,728.

FORM 990-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN.	STATEMENT 4		
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE DEBT (222,639)	BEGINNING 207,736, ENDING		220,188.	
,	- SUBTOTAL -	1		220,188.
TOTAL OF FORM	990-T, SCHEDULE E, COLUMN	4		220,188.

FORM 990-T	ERTY	STATEMENT 5		
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE FIXED AS ENDING 273,552)	SSETS (BEGINNING 260,282,	1	266,917.	266,917.
TOTAL OF FORM 99	00-T, SCHEDULE E, COLUMN	5		266,917.