Forn	, 990-T	E	Exempt Orga					Returi	ง Z า	1	No 1545-0687
				nd proxy tax und				904		_	040
	* m. 179	Force	lendar year 2018 or other tax ye	ar beginning $JUL 1$,	<u> 20</u>	18 , and end	ing JUN	30, 201	<u> 19</u> .		018
Depa	rtment of the Treasury			irs.gov/Form990T for in						Open to P	ublic Inspection for
Interr	nal Revenue Service		Do not enter SSN numbe	rs on this form as it may	be ma	de public if you	r organizatio	n is a 501(c)(3)			ublic Inspection for Organizations Only
Α [Check box if address changed		Name of organization (Check box if name of	hanged	and see instruc	tions.)		(Em	oloyer identi ployees' tru ructions)	fication number ist, see
В	xempt under section	Print	NORTHEAST T	REATMENT CE	NTEI	RS, INC.	,		2	23-17	28478
X	501(c)(23_)	_ or	Number, street, and roon	n or suite no. If a P.O. bo	x, see II	estructions.				lated busin	ness activity code
	408(e) 220(e)	Туре	499 N FIFTH	STREET	•				(500	11130 00001	•,
	408A 530(a)		City or town, state or pro	vince, country, and ZIP o	r foreig	n postal code			1		
	529(a)		PHILADELPHI						531	L120	
C Bo	ook value of all assets end of year		F Group exemption num								
	<u></u>	83.	G Check organization typ	e ► X 501(c) cor	poration	າ 501(c) trust	401(a	ı) trust		Other trust
H E	nter the number of the	organiza	tion's unrelated trades or t	ousinesses.	1		Describe the	only (or first) u	nrelated	d	
tra	ade or business here	► REZ	AL PROPERTY	RENTAL		lf	only one, cor	nplete Parts I-V	. If mor	e than on	e,
do	scribo the first in the b	lank spa	co at the end of the previou	us sontonce, complete Pa	ırts I an		-	-			
bı	isiness, then complete	Parts III	-V.								
I D	uring the tax year, was	the corp	oration a subsidiary in an	affiliated group or a parci	nt-subs	diary controlled	group?	>		'es 🔀	No
If	"Yes," ontor the name a	ind idon	tifying number of the parer	nt corporation. 🕨							
			THE ORGANIZA				Telephone	number 🕨 :	<u> 215-</u>	-451-	7000
Pa	rt I Unrelated	d Trac	le or Business Inc	ome		(A) Incor	ne	(B) Expense	8	<u> </u>	(C) Net
1 a	Gross receipts or sale	s						•			1
b	Less returns and allow	vances		c Balance	1c						
2	Cost of goods sold (S	chedule	A, line 7)		2						
3	Gross profit. Subtract	line 2 fi	rom line 1c		3						
4 a	Capital gain net incon	ne (attac	h Schedule D)		48						
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	1 4797)	4b						
C	Capital loss deduction	for trus	its		4c						
5	Income (loss) from a	partners	ship or an S corporation (a	ttach statement)	5		1	the in the state.	. 4)		
6	Rent income (Schedu			•	6						
7	Unrelated debt-financ	ed incor	ne (Schedule E)		7	36,	471.	22,2	244.		14,227.
8	Interest, annuities, roy	/alties, a	nd rents from a controlled o	organization (Schedule F)	8						
9	Investment income of	a sectio	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9			2.22			~~~
10	Exploited exempt activ	vity inco	me (Schedule I)		10						
11	Advertising income (S	Schedule	: J)		11					<u> </u>	
12	Other income (See ins	struction	is; attach schedule)		12			<u> </u>			
13	Total. Combine lines				13		471.	22,2	244.		14,227.
Pa	rt II Deductio	ns No	t Taken Elsewher	(See instructions for	or limita	ations on dedu	ctions.)				
<u> </u>	(Except for o	contribi	rtions, deductions must	be directly connected	with t	he unrelated b	usiness inc	ome.)		,	
14	Compensation of off	icers, di	rectors, and trustees (Sche	edule K)		RECEI	VED	7	14	ļ	
15	Salaries and wages				<u></u>		V L L		15	 	
16	Repairs and mainten	ance			121			8	16	ļ	
17	Bad debts				82	JUL 21	2020	S-0-S(17	ļ	
18	Interest (attach sche	dule) (s	ee instructions)	•	ľL	<u> </u>	4:	& I	18	ļ	
19	Taxes and licenses					OGDEN		=	19	- 	
20		-	e instructions for limitation	rules)	Щ,				20	 	
21	Depreciation (attach		•				21		↓	-	
22	•	aimed oi	Schedule A and elsewher	e on return		<u>[2</u>	2a		22b	 	
23	Depletion							•	23		
24	Contributions to defe		mpensation plans						24	 	
25	Employee benefit pro	•							25	 	
26	Excess exempt expe	•	•						26	↓	
27	Excess readership co		· ·						27	-	4 000
28	Other deductions (at		•			SEB	STATE	MENT 1	28	 	1,000.
29	Total deductions. A							1	29	 	1,000.
30			ncome before net operating	•				a 0	30	 	13,227.
31	·	-	oss arising in tax years be	• •	гу 1, 20	118 (see instruct	ions)	30	31	 	43 63 -
32			ncome. Subtract line 31 fro					3	32		13,227.
82370	01 01-09-19 LHA FO	r Paper	work Reduction Act Notice	e see instructions.						Form	990-T (2018)

Form 990-1	(2018) NORTHEAST TREATMEN	T CENTERS, INC.			23-17	28478	Page 2
Part I	I Total Unrelated Business Taxa	ble Income					
33	Total of unrelated business taxable income compu	ted from all unrelated trades or bu	usinesses (se	e instructions)		33	13,227.
34	Amounts paid for disallowed fringes		•	,		34	
35	Deduction for not operating loss arising in tax year	s beginning before January 1, 20	18 (see instri	uctions)		35	
36	Total of unrelated business taxable income before	• •	•			"	
	lines 33 and 34	opound doubtion. Captiact into	30 110111 1110 3	iani oi	0	36	13 227.
97		27 instructions for eventuals			zo	37	13,227. 1,000.
37	Specific deduction (Generally \$1,000, but see line	· · · · · · · · · · · · · · · · · · ·		00	• 7	4 -	1,000.
38	Unrelated business taxable income. Subtract line	e 37 from line 36. If line 37 is grea	ater than line	36,	γ_0	MLL	10 007
Dord I	enter the smaller of zero or line 36	······································		 		<u>` 38 </u>	12,227.
Part I		·			<u> </u>	- -	
39	Organizations Taxable as Corporations. Multiply	• • •			· · ·	39	2,568.
40	Trusts Taxable at Trust Rates. See instructions for	or tax computation. Income tax on	the amount	on line 38 from	:	_ _	
	Tax rate schedule or Schedule D (Fo	orm 1041)			>	40	
41	Proxy tax. See instructions				. •	41	
42	Alternative minimum tax (trusts only)					42	
43	Tax on Noncompliant Facility Income. See instru	ctions			,	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, wi				\X ^C	2 44	2,568.
Part \				· · · · · · · · · · · · · · · · · · ·		77	
	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)		45a		7	
	• •	ilusis allaciir oiiii 1110)				- 1	
b	Other credits (see instructions)			45b		-	
C .	General business credit. Attach Form 3800			45c		-	
đ	Credit for prior year minimum tax (attach Form 88	01 or 8827)		45d			
	Total credits. Add lines 45a through 45d				•	45e	0.560
46	Subtract line 45e from line 44		_			46	2,568.
47	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 _	Form 88	366 Othe	(attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)					48	2,568.
49	2018 net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, column (k),	line 2. CA			49	0.
50 a	Payments: A 2017 overpayment credited to 2018		6	50a	1,722	.]	
b	2018 estimated tax payments		$\sqrt{\lambda}$	50b	1,752	.]	
C	Tax deposited with Form 8868		9	50c		7	
d	Foreign organizations: Tax paid or withheld at sour	ce (see instructions)		50d		7	
	Backup withholding (see instructions)	,		50e		7	
	Credit for small employer health insurance premiu	ms (attach Form 8941)		50f		1	
a		form 2439		100.		┤	
a		Other	Total >	50g		1 1	
E4	Total payments. Add lines 50a through 50g		iotai 📂	1001		<u>\$1</u>	3,474.
		Samm 0000 in attached .				52	3,3/3.
52	Estimated tax penalty (see instructions). Check if F				, .	52	
	Tax due. If line 51 is less than the total of lines 48,	•			15	 3, 	006
0 54	Overpayment. If line 51 is larger than the total of I		t overpaid)		54	906.
55	Enter the amount of line 54 you want. Credited to		•		efundeto 🌱 🕨	55	0.
Part V	Statements Regarding Certain	Activities and Other In	tormatio	n (see instri	uctions)		··-
56	At any time during the 2018 calendar year, did the	-	•		•		Yes No
	over a financial account (bank, securities, or other)	in a foreign country? If "Yes," the	e organization	n may have to fi	le		
	FinCEN Form 114, Report of Foreign Bank and Fina	ancial Accounts. If "Yes," enter the	name of the	foreign country	1		
	here >						<u>X</u>
57	During the tax year, did the organization receive a	distribution from, or was it the gra	antor of, or tr	ansferor to, a fo	oreign trust?		x
	If "Yes," see instructions for other forms the organi	•	•	,	ŭ		
58	Enter the amount of tax-exempt interest received o	-	\$				
	Under penalties of perjury, I declare that I have examined	this return, including accompanying sci	hedules and sta			edge and beli	ef, it is true,
Sign	correct, and complete. Declaration of preparer (other tha	n taxpayer) is based on all information of	f which prepare	r has any knowled	•		
Here	15/-17	CHIUIZO D	BECTDE	NT/CEO		•	liscuss this return with
	Signature of officer	Date Title		/ СДО		ne preparer s nstructions)?	hown below (see No
		1	-				A 160 NU
_	Print/Type preparer's name	Preparer's signature	Da	ite	Check	ıf PTIN	
Paid	CONNIE W TIPE	CONTITE N TIPE		. , , , , , , , ,	self- employed		0401007
Prepa	rer CONNIE M. LIRA	CONNIE M. LIRA	<u> </u>	5/10/20	1		0481097
Use C	nly Firm's name ► CLIFTONLARSO				Firm's EIN	<u>41</u>	<u>-0746749</u>
	ľ	IANTOWN PIKE, SU		UÜ		:	
	Firm's address PLYMOUTH M	BETING, PA 1946	52		Phone no.		643-3900
823711 01	09-19						Form 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter r	method of invente	ory valuation N/A		CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	***************************************		CALARAVAYAN
1 Inventory at beginning of year	1		6 Inventory at end of year	r		6		
2 Purchases	2		7 Cost of goods sold. St	ıbtract i	ine 6			
3 Cost of labor	3		from line 5. Enter here	Part I,	1			
4a Additional section 263A costs			line 2		L	7		~~~~~
(attach schedule)	4a		8 Do the rules of section	263A (v	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?				l	<u> </u>
Schedule C - Rent Income ((see instructions)	From Real P	roperty and	Personal Property L	ease	d With Real Prope	erty)		
Description of property								
(1)	·							
(2)			· · · · · · · · · · · · · · · · · · ·					
(3)			,	-				
(4)			·					
	2. Rent received	d or accrued						
(a) From personal property (if the percorent for personal property is more 10% but not more than 50%)	entage of than	of rent for pe	d personal property (if the percentar rsonal property exceeds 50% or if is based on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with the ir d 2(b) (attach schedu	icome in	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns a here and on page 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 I	ncome (see in	nstructions)	-				
			2. Gross income from		3. Deductions directly conne to debt-finance		ole	
1. Description of debt-fine	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other de (attach so	eduction hedule)	S
				S	TATEMENT 2	STATEME	INT	3
(1) RENTAL REAL ESTAT	re		44,213.		14,238.	1	<u>2,7</u>	<u> 28.</u>
(2)				<u> </u>				
(3)					,	ļ		
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 4	of or all debt-finan	idjusted basis locable to ced property schedule IENT 5	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x to 3(a) ar		
(1) 220,188.		266,917.	82.49%		36,471.	2	2,2	44.
(2)			%					
(3)	•		.%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7,		
Totals			•	L	36,471.	2	2,2	44.
Total dividends-received deductions in	cluded in column	8			>			0.
					•	Form	990-T	(2018)

Schedule F - Interest,	Annuities	s, Royal	ties, and	,				tions	(see ins	struction	ns)
, ,				Exempt	Controlled O	rganızatı	ons	,			
Name of controlled organizat	tion	2. Em Identifi num	cation		elated income instructions)	4. Tot payr	al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		rolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)				_							
Nonexempt Controlled Organi	zations										
7. Taxable Income		related incom se instructions		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross		ization's		eductions directly connected th income in column 10
(1)							,,,,				
(2)	<u> </u>			<u> </u>						·	
(3)											
(4)											
				· · · · · · · · · · · · · · · · · · ·			Add colum Enter here and line 8, c		1, Part i,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B)
Totals					,	<u> </u>			0.		0.
Schedule G - Investme (see insti		ne of a S	ection	501(c)(7), (9), or (17) Org	janization				
1, Desc	ription of incom	пө			2. Amount of	ıncome	 Deduction directly conne (attach sched) 	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)							· - · - · - ·				
(3)											
(4)							· · · · · · · · · · · · · · · · · · ·				
					Enter here and o Part I, line 9, co	lumn (A)					Enter here and on page 1, Part I, line 9, column (B)
Totals Schedule I - Exploited	Exempt	Activity	Income	Other	Than Adv	0.j	a Income] 0.
(see instru	•			,			9				
Description of exploited activity	2. G unrelated t income trade or b	business from	3. Exp directly c with pro of unro business	onnected eduction elated	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	attribut	censes table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)	1			·····							
(3)							· · · · · · · · · · · · · · · · · · ·				
(4)	Enter here page 1, line 10, c	Part I, col (A)									Enter here and on page 1, Part II, line 26
Totals	<u> </u>	0.1		0.	L.,		·····				0.
Schedule J - Advertisir			nstruction								
Part I Income From I	Periodica	als Repo	orted or	n a Cons	solidated	Basis					
1. Name of penodical		2. Gross advertising income		3, Direct ortising costs	4. Advert or (loss) (c col 3) If a g cols. 5 th	ol 2 minus ain, comput	5. Circulat income		6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											1
(2)		<u> </u>			_						
(3)					_						1
(4)											
Totals (carry to Part II, line (5))	•	().	0							0. Form 990-T (2018

%

%

Form 990-T (2018) NORTHEAST TREATMENT CENTERS, INC. 23-1728478 Page 5 Part II Income From Periodicals Reported on a Separate Basis (For each penodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 7. Excess readership 2. Gross advertising income 3. Direct 5. Circulation 6. Readership costs (column 6 minus column 5, but not more 1. Name of periodical advertising costs ıncome costs than column 4) (1) (2) (3) (4) 0. Totals from Part I 0. 0. Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B) on page 1, Part II, line 27 0. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable time devoted to business 1. Name 2. Title to unrelated business (1) (2) %

Form 990-T (2018)

0.

(3)

(4)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T	OTHER DEI	DUCTIONS	******	STATEMENT 1
DESCRIPTION				AMOUNT
PREPARATION FE	В		-	1,000.
TOTAL TO FORM	990-T, PAGE 1, LINE 28		-	1,000.
FORM 990-T	SCHEDULE E - DEPRECIAT	FION DEDUCT:	ION	STATEMENT 2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION E	XPENSE - SUBTOTAL -	1	14,238.	14,238.
TOTAL OF FORM	990-T, SCHEDULE E, COLUMN 3	3(A)		14,238.
FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 3
DESCRÍPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE INTEREST TAXES	GIIDMOMAY		5,731. 6,779. 218.	12.720
TOTAL OF FORM	- SUBTOTAL -	1 3(B)	•	12,728.

FORM 990-T AVERAGE ACQUIST ALLOCABLE TO DEBT		4
DESCRIPTION	ACTIVITY NUMBER AMOUNT TOTAL	
AVERAGE DEBT (BEGINNING 207,736, ENI 232,639) - SUBTOT	220,188.	L 88.
TOTAL OF FORM 990-T, SCHEDULE E, COI	4 220,1	88.

FORM 990-T AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI	ERTY	STATEMENT 5	
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE FIXED ASSETS (BEGINNING 260,282, ENDING 273,552) - SUBTOTAL -	1	266,917.	266,917.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	5		266,917.