

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
NORTHEAST TREATMENT CENTERS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
499 N FIFTH STREET

City or town, state or province, country, and ZIP or foreign postal code
PHILADELPHIA, PA 191234005

D Employer identification number
23-1728478

E Telephone number
(215) 451-7000

G Gross receipts \$ 46,398,118

F Name and address of principal officer:
REGAN KELLY
499 N FIFTH STREET
PHILADELPHIA, PA 191234005

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.NETCENTERS.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1970

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PROVIDE COMPASSIONATE CARE TO HELP INDIVIDUALS AND FAMILIES HEAL, RECOVER, AND REBUILD THEIR LIVES

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	1,116
6 Total number of volunteers (estimate if necessary)	6	35
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	14,227
b Net unrelated business taxable income from Form 990-T, line 34	7b	12,227

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,712,191	11,093,456
9 Program service revenue (Part VIII, line 2g)	33,215,192	35,210,617
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,500	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	102,347	67,079
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,043,230	46,371,152
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	25,469,696	26,059,075
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	18,679,840	19,145,010
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	44,149,536	45,204,085
19 Revenue less expenses. Subtract line 18 from line 12	1,893,694	1,167,067
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	28,871,211	29,751,536
21 Total liabilities (Part X, line 26)	10,145,881	9,963,673
22 Net assets or fund balances. Subtract line 21 from line 20	18,725,330	19,787,863

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: *****
Date: 2020-06-10
REGAN KELLY PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-06-10
Check if self-employed PTIN: P00481097
Firm's name: ▶ CLIFTONLARSONALLEN LLP Firm's EIN: ▶ 41-0746749
Firm's address: ▶ 610 W GERMANTOWN PIKE SUITE 400 PLYMOUTH MEETING, PA 19462 Phone no. (215) 643-3900

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

NET'S COMPASSIONATE CARE AND COMMITMENT TO COMMUNITY ENGAGEMENT HELPS INDIVIDUALS AND FAMILIES HEAL, RECOVER, AND REBUILD THEIR LIVES.SEE SCHEDULE O FOR DETAILS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,298,007 including grants of \$ 0) (Revenue \$ 2,276,003)
See Additional Data

4b (Code:) (Expenses \$ 7,048,856 including grants of \$ 0) (Revenue \$ 7,317,120)
See Additional Data

4c (Code:) (Expenses \$ 6,937,987 including grants of \$ 0) (Revenue \$ 7,102,062)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 16,122,507 including grants of \$ 0) (Revenue \$ 18,515,432)

4e Total program service expenses ▶ 37,407,357

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements, reporting, and financial statements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION 499 N FIFTH STREET PHILADELPHIA, PA 191234005 (215) 451-7000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES JUNIKIEWICZ BOARD MEMBER	1.00 0.10	X						0	0	0
(2) HERMAN MATTLEMAN ESQ BOARD MEMBER	1.00 0.10	X						0	0	0
(3) LAURA MCGRATH BOARD MEMBER	1.00 0.10	X						0	0	0
(4) DAVID S OWENS JR BOARD MEMBER	1.00 0.10	X						0	0	0
(5) DENISE RAY-SHIELDS PHD BOARD MEMBER	1.00 0.10	X						0	0	0
(6) SHELLEY R SYLVA ESQ BOARD MEMBER	1.00 0.10	X						0	0	0
(7) LUCIA B WILLIAMS SECRETARY	1.00 0.10	X		X				0	0	0
(8) REBECCA FARRINGTON TREASURER - AS OF JAN 2019	1.00 0.10	X		X				0	0	0
(9) ROBERT V CARUSO PHD VICE CHAIRMAN OF THE BOARD	1.00 0.10	X		X				0	0	0
(10) WILLIAM G SMITH CHAIRMAN OF THE BOARD	1.00 0.10	X		X				0	0	0
(11) REGAN KELLY PRESIDENT/CEO	40.00 0.10	X		X				247,017	0	42,288
(12) MICHAEL D SCALES TREASURER - LEFT JAN 2019	1.00 0.10	X		X				0	0	0
(13) KEVIN NOEL CFO	40.00 0.10			X				190,846	0	23,646
(14) NEIL ROSNER VICE PRESIDENT	40.00 0.10					X		144,200	0	54
(15) AMY ANDRE MCNAMEE VICE PRESIDENT	40.00 0.00					X		130,284	0	3,304
(16) RICHARD WEYLER MEDICAL DIRECTOR	40.00 0.00					X		254,156	0	11,438
(17) ELMER YU MEDICAL DIRECTOR	40.00 0.00					X		288,767	0	16,012

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	11,008,253		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	85,203		
	g Noncash contributions included in lines 1a - 1f: \$ _____				
h Total. Add lines 1a-1f		11,093,456			

Program Service Revenue			Business Code			
	2a COMMUNITY BEHAVIORAL HEALTH		621400	29,372,794	29,372,794	
	b COMMERCIAL INSURANCES		621400	2,812,407	2,812,407	
	c MANAGEMENT SERVICES		561000	1,557,595	1,557,595	
	d ADOPTION SERVICES		621400	718,408	718,408	
	e BEHAVIORAL HEALTH SERVICES INITIA		621400	391,742	391,742	
	f All other program service revenue.			357,671	357,671	
g Total. Add lines 2a-2f			35,210,617			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
			44,213			
		b Less: rental expenses	26,966			
		c Rental income or (loss)	17,247			
	d Net rental income or (loss)			17,247	14,227	3,020
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a VENDOR REFUNDS & ADJUSTMENTS		900099	40,278		40,278	
b MEDICAL RECORD REIMBURSEMENT		900099	7,817		7,817	
c BAD DEBTS RECOVERY		900099	768		768	
d All other revenue			969		969	
e Total. Add lines 11a-11d			49,832			
12 Total revenue. See Instructions.			46,371,152	35,210,617	14,227	52,852

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	520,672		520,672	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	20,937,155	18,113,833	2,823,322	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	442,091	392,098	49,993	
9 Other employee benefits	2,643,268	2,171,474	471,794	
10 Payroll taxes	1,515,889	1,295,038	220,851	
11 Fees for services (non-employees):				
a Management				
b Legal	234,559	162,713	71,846	
c Accounting	139,000	42,576	96,424	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,564,133	7,502,300	1,061,833	
12 Advertising and promotion	128,673	28,586	100,087	
13 Office expenses	856,579	655,211	201,368	
14 Information technology	352,458	264,641	87,817	
15 Royalties				
16 Occupancy	1,214,178	1,118,231	95,947	
17 Travel	844,636	769,552	75,084	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	173,957	107,885	66,072	
20 Interest	286,759		286,759	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,089,875	54,731	1,035,144	
23 Insurance	1,244,375	1,052,601	191,774	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	1,469,068	1,469,068		
b BUILDING MAINTENANCE	662,420	539,808	122,612	
c MEDICAL SUPPLIES	458,643	457,668	975	
d EQUIPMENT RENTAL	409,523	369,506	40,017	
e All other expenses	1,016,174	839,837	176,337	
25 Total functional expenses. Add lines 1 through 24e	45,204,085	37,407,357	7,796,728	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,310,326	1	1,820,427
	2 Savings and temporary cash investments	790	2	650,790
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,716,221	4	7,002,989
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	192,978	9	206,507
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	25,130,846		
	b Less: accumulated depreciation	11,626,909		
		13,801,729	10c	13,503,937
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	167,497	14	159,853
15 Other assets. See Part IV, line 11	6,681,670	15	6,407,033	
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,871,211	16	29,751,536	
Liabilities	17 Accounts payable and accrued expenses	2,324,824	17	2,793,844
	18 Grants payable		18	
	19 Deferred revenue	174,352	19	43,221
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,604,088	23	6,979,457
	24 Unsecured notes and loans payable to unrelated third parties	42,617	24	147,151
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	10,145,881	26	9,963,673
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	18,525,330	27	19,736,772
	28 Temporarily restricted net assets	200,000	28	51,091
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	18,725,330	33	19,787,863	
34 Total liabilities and net assets/fund balances	28,871,211	34	29,751,536	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,371,152
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,204,085
3	Revenue less expenses. Subtract line 2 from line 1	3	1,167,067
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,725,330
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-104,534
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,787,863

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-1728478

Name: NORTHEAST TREATMENT CENTERS INC

Form 990 (2018)

Form 990, Part III, Line 4a:

PENNSYLVANIA CHILDREN'S DEPENDENT AND DELINQUENT SERVICES: NET CENTERS OPERATES A CONTINUUM OF PROGRAMS FOR YOUTH AND FAMILIES KNOWN TO THE DHS, INCLUDING FAMILIES IDENTIFIED DUE TO CONCERNS REGARDING THE DAILY CARE OF THEIR CHILDREN (DEPENDENT SERVICES) AND YOUTH WHO BECOME KNOWN TO DHS BY ENGAGING IN CRIMINAL ACTIVITY ("DELINQUENT" SERVICES). NET OPERATES MULTIPLE LEVEL OF FOSTER CARE INCLUDING THE MORE COMPLEX TREATMENT AND MEDICAL LEVELS. IN ALL LEVELS OF FOSTER CARE, FOSTER OR "RESOURCE" PARENTS ARE TRAINED TO SUPPORT, NURTURE, GUIDE, AND CARE FOR CHILDREN PLACED IN THEIR HOMES AND TO UNDERSTAND THE IMPACT OF TRAUMA REGARDLESS OF THE LEVEL OF PLACEMENT. TREATMENT AND MEDICAL LEVELS ARE AVAILABLE FOR YOUTH WITH MORE COMPLEX NEEDS. THIS CAN INCLUDE YOUTH WHOSE MEDICAL NEEDS OR EMOTIONAL FUNCTIONING REQUIRES MORE INTENSIVE INTERVENTION AND SUPPORT WITHIN THE HOME SETTING. NET PROVIDES RECRUITMENT, TRAINING, CERTIFICATION, AND ONGOING SUPPORT TO RESOURCE PARENTS. IN FY 2019, NET SERVED 552 CHILDREN THROUGH ITS FOSTER CARE PROGRAM. NET ALSO OPERATES A 20-BED GROUP HOME FOR ADOLESCENT FEMALES WHOSE NEEDS ARE CATEGORIZED AS "INTENSIVE". THEY TYPICALLY HAVE BEEN EXPOSED TO SIGNIFICANT TRAUMA, FREQUENTLY SEXUAL IN NATURE AND REQUIRE GENDER SPECIFIC SUPPORT AND COUNSELING TO LEARN AND INTERNALIZE COPING AND LIFE SKILLS. IN ALL DEPENDENT PROGRAMS, WHILE THE LARGER SYSTEM IS STILL IN TRANSITION, WE COLLABORATE WITH EITHER THE ASSIGNED COMMUNITY UMBRELLA AGENCY OR THE DHS, WHICHEVER ENTITY IS PROVIDING DIRECT CASE MANAGEMENT. IN FY 2019, NET SERVED 69 GIRLS IN ITS GROUP HOME. NET OPERATES TWO LEVELS OF CARE FOR YOUTH WHO HAVE ENGAGED IN CRIMINAL ACTIVITY, IN-HOME DETENTION (IHD) AND AN EVENING REPORTING CENTER (ERC). THE LATTER SERVES AS AN ALTERNATIVE TO DELINQUENT PLACEMENT AND TYPICALLY IS APPROPRIATE FOR YOUTH WHOSE CRIMINAL ACTIVITY POSES A MORE SERIOUS THREAT TO COMMUNITY SAFETY. BOTH PROVIDE AFTERNOON AND WEEKEND STRUCTURED ACTIVITIES AND SKILLS BASED GROUPS. PLANNED INTERVENTIONS USE EVIDENCE-BASED CURRICULA, WHICH BUILDS ON COGNITIVE BEHAVIOR THERAPY TECHNIQUES TO IMPART IMPROVED DECISION MAKING, COPING AND ANGER MANAGEMENT SKILLS TO THE YOUTH. OTHER ACTIVITIES IN BOTH PROGRAM GIVE YOUTH AN OPPORTUNITY TO DEVELOP AND USE PRO-SOCIAL BEHAVIORS IN THE COMMUNITY AND LEARN CREATIVE MEANS OF EXPRESSION. FOR EXAMPLE, WE HAVE A FULLY FUNCTIONAL MUSIC STUDIO THAT IS AVAILABLE TO ALL YOUTH AND WE FREQUENTLY BRING IN LOCAL ARTIST IN THE AREAS OF WRITTEN WORD (POETRY SLAM), VISUAL ARTS (MURAL ARTS) AND OTHERS. IN FY 2019, NET SERVED 625 YOUTH IN ITS IHD PROGRAM AND 74 YOUTH IN ITS ERC PROGRAM.

Form 990, Part III, Line 4b:

PA MENTAL HEALTH SERVICES: SERVICES FOR YOUTH AND ADULTS INCLUDE A CONTINUUM OF TRAUMA INFORMED AND RESILIENCY FOCUSED CARE INCLUDING BEHAVIORAL HEALTH REHABILITATION (BHRS), SCHOOL THERAPEUTIC SERVICES (STS) AND OUTPATIENT MENTAL HEALTH TO CHILDREN, ADOLESCENTS, ADULTS AND THEIR FAMILIES WHO ARE EXPERIENCING EMOTIONAL, BEHAVIORAL OR PSYCHIATRIC CONCERNS. PSYCHIATRIC EVALUATION AND MEDICATION MANAGEMENT ARE AVAILABLE FOR YOUTH AND FAMILIES. BHRS AND STS ARE PROVIDED IN SCHOOLS, THE CHILD'S HOME AND COMMUNITY. NET IS COMMITTED TO THE FAMILY ORIENTED APPROACH TO TREATMENT. INTENSIVE COORDINATION BETWEEN THE TREATMENT TEAM AND OTHER COMMUNITY RESOURCES AND A FLEXIBLE APPROACH TO WORKING WITH FAMILIES ARE KEY ELEMENTS OF THIS PROGRAM. IN ADDITION, NET HAS TWO SPECIALIZED FAMILY BASED TEAMS, ONE BILINGUAL TEAM AND TWO TEAMS THAT SPECIALIZE IN WORKING WITH FAMILIES WHO HAVE A CHILD WITH A DEVELOPMENTAL DISABILITY. NET'S PROGRAMS ALSO INCLUDE SERVICES DEVOTED TO WORKING WITH CHILDREN ON THE AUTISM SPECTRUM. THESE SERVICE INCLUDE SPECIALIZED PACE BHRS, A SPECIALIZED AUTISM EVALUATION CALLED AN EXTENDED ASSESSMENT SERVICE WHICH INCORPORATES GOLD STANDARD DIAGNOSTIC ASSESSMENT TOOLS TO HELP MAKE A DIFFERENTIAL DIAGNOSIS FOR AUTISM. SPECIALIZED AUTISM SERVICES ALSO INCLUDE AN AFTER SCHOOL PROGRAM, A SUMMER THERAPEUTIC PROGRAM AND A PARENT TRAINING PROGRAM. NET'S PROGRAMS CONSISTENTLY RECEIVE HIGH RATINGS IN CONSUMER SATISFACTION AND FAMILY ENGAGEMENT AND NET'S STAFF ARE COMMITTED TO THE RESILIENCE AND STRENGTH INHERENT IN FAMILIES AND YOUTH WE SERVE. NET PROVIDED SERVICE TO 295 INDIVIDUALS IN OUTPATIENT, 216 CHILDREN IN BHRS, 604 CHILDREN IN PACE BHRS, 433 CHILDREN IN STS AND 214 FAMILIES IN FAMILY-BASED.

Form 990, Part III, Line 4c:

PENNSYLVANIA ADDICTION TREATMENT SERVICES: SERVICES INCLUDE RESIDENTIAL CENTER COUNSELING, INTENSIVE OUTPATIENT AND OUTPATIENT THERAPY FOR PERSONS WITH CO-OCCURRING MENTAL HEALTH AND SUBSTANCE ABUSE DISORDERS. WHARTON CENTER IS A RESIDENTIAL RECOVERY PROGRAM FOR CHEMICALLY DEPENDENT MEN, WITH OR WITHOUT CO-OCCURRING MENTAL HEALTH DISORDERS WHO MAY ALSO HAVE A HISTORY OF INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM. THIS PROGRAM IS AVAILABLE TO PERSONS WHO MAY BE DIAGNOSED WITH OPIOID USE DISORDERS AND IN NEED OF MEDICATION ASSISTED TREATMENT TO ACHIEVE RECOVERY. TREATMENT INCLUDES GROUP AND INDIVIDUAL THERAPY, LIFE SKILLS TRAINING, AND DAILY 12-STEP MEETINGS. INTENSIVE OUTPATIENT (IOP) CONSISTS OF A COMBINATION OF GROUP THERAPY, INDIVIDUAL THERAPY AND OTHER INTERVENTIONS PROVIDED AS NEEDED SUCH AS PEER SUPPORT, PSYCHIATRIC INTERVENTION AND MEDICATION MANAGEMENT. THIS SERVICE IS AVAILABLE FOR ADOLESCENTS AND ADULTS. NET OFFERS MORNING, AFTERNOON AND EVENING TREATMENT SESSIONS TO ACCOMMODATE A VARIETY OF OTHER LIFE NEEDS AND OBLIGATIONS (WORK, SCHOOL, CHILDCARE). MOST CONSUMERS BEGIN AT THE IOP LEVEL OF CARE AND STEP DOWN TO LESS INTENSIVE TREATMENT AT THE OUTPATIENT (OP) LEVEL AS THEY BECOME MORE STABLE IN THEIR RECOVERY. SPECIALIZED IOP TRACKS ARE OFFERED TO ADDRESS THE UNIQUE NEEDS OF WOMEN, ADOLESCENTS AND THOSE INDIVIDUALS WHO HAVE BOTH A DIAGNOSED PSYCHIATRIC ILLNESS AND A SUBSTANCE USE DISORDER. TRADITIONAL IOP/ OP SERVICES ARE AVAILABLE AT FOUR SITES THROUGHOUT PHILADELPHIA AND TWO SITES IN THE LEHIGH VALLEY. THE RESIDENTIAL PROGRAM SERVED 403 CLIENTS IN 2019 WHILE THE TRADITIONAL IOP/OP PROGRAMS SERVED 3001 CLIENTS IN FY 2019. ACCESS POINT IS DESIGNED TO TREAT PEOPLE WHO WANT TO STOP USING DRUGS OR ALCOHOL AT THE MOMENT THEY MAKE THAT DECISION. THIS PROGRAM IS STAFFED BY A MULTI-DISCIPLINARY TEAM CONSISTS OF NURSES, PEER SPECIALISTS, PHYSICIANS, AND CARE COORDINATORS THAT WORK WITH THE CLIENT TO DEVELOP A PLAN OF CARE. CLIENTS ARE CONTINUOUSLY MEDICALLY MONITORED FOR UP TO 23 HOURS TO ASSESS WITHDRAWAL SYMPTOMS AND SAFELY ADMINISTER WITHDRAWAL MANAGEMENT MEDICATIONS AS NEEDED. CARE COORDINATORS ENSURE A SEAMLESS TRANSITION INTO THE NEXT LEVEL OF CARE MOST APPROPRIATE TO MEET THE CLIENT'S NEEDS. IN FY 2019, THIS PROGRAM SERVED 2,553 CLIENTS.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 6,757,198 including grants of \$ 0) (Revenue \$ 8,788,089)

IN 2017, NET'S SPRING GARDEN LOCATION (499 N FIFTH STREET, PHILADELPHIA, PA) WAS DESIGNATED A CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC (CCBHC) BY THE STATE OF PENNSYLVANIA AND U.S. DEPARTMENT OF SUBSTANCE ABUSE AND MENTAL HEALTH. AS SUCH, THE OUTPATIENT MENTAL HEALTH SERVICES, INTENSIVE OUTPATIENT (ADDICTIONS SERVICES) AND OUTPATIENT (ADDICTIONS SERVICES) OFFERED AT THIS LOCATION ARE ENHANCED AS PART OF THE CCBHC. THE CCBHC WAS A PILOT PROGRAM BEING IMPLEMENTED IN PARTNERSHIP WITH THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA), PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES (DHS), AND COMMUNITY BEHAVIORAL HEALTH (CBH). PENNSYLVANIA IS ONE OF ONLY EIGHT STATES SELECTED TO BE IN THE PROGRAM AND NET IS ONE OF ONLY EIGHT PROVIDER ORGANIZATIONS SELECTED IN PENNSYLVANIA. WE OPERATE THE ONLY CCBHC IN PHILADELPHIA. THE PROGRAM IS DESIGNED TO INTEGRATE BEHAVIORAL HEALTH WITH PHYSICAL HEALTH CARE, INCREASE CONSISTENT USE OF EVIDENCE-BASED PRACTICES, AND IMPROVE ACCESS TO HIGH QUALITY CARE. IN ADDITION TO QUALITY MENTAL HEALTH AND/OR SUBSTANCE USE DISORDER TREATMENT NET OFFERS AT THE SPRING GARDEN SITE, ENHANCED SUPPORTS INCLUDE SAME DAY ACCESS AS NEEDED; ACCESS TO A PHYSICAL HEALTH SCREEN; CARE COORDINATION WITH PHYSICAL HEALTH AND OTHER COMMUNITY PROVIDERS; ACCESS TO CASE MANAGEMENT AND PEER SUPPORTS AS NEEDED; AND IMPROVED COORDINATION OF CARE WITH AN ARRAY OF COMMUNITY PARTNERS.

(Code:) (Expenses \$ 6,407,749 including grants of \$ 0) (Revenue \$ 7,778,606)

PENNSYLVANIA NET STEPS MEDICATION-ASSISTED TREATMENT SERVICES (MAT): NET STEPS MAT IS AN OPTION THAT SUPPORTS RECOVERY FOR INDIVIDUALS DIAGNOSED WITH AN OPIOID USE DISORDER. THIS APPROACH IS MOST SUCCESSFUL WHEN COMBINED WITH INTENSIVE TREATMENT AS PROVIDED IN THE IOP AND OP PROGRAMS. NET CAN ALSO INTEGRATE MEDICATION TO TREAT OPIOID USE DISORDER INTO THE RESIDENTIAL LEVEL OF CARE. MAT TO SUPPORT RECOVERY IS AVAILABLE AT MULTIPLE NET LOCATIONS. THE LARGEST IS NET STEPS, A PROGRAM SPECIFICALLY DEDICATED TO TREATING OPIOID USE DISORDERS. NET STEPS HAS TWO LOCATIONS WHERE EITHER METHADONE, SUBOXONE OR VIVOTROL CAN BE INTEGRATED INTO AN INDIVIDUALIZED TREATMENT PROTOCOL. OTHER SUPPORT AT NET STEPS INCLUDES HEALTH SCREENINGS, PEER SUPPORT, PSYCHIATRIC SERVICES AS NEEDED, REFERRALS TO APPROPRIATE MEDICAL SERVICES, AND A CHILDREN'S PLAYROOM TO SUPPORT PARENTS WHO MIGHT OTHERWISE NOT SEEK TREATMENT. NET ALSO SUPPORTS INCARCERATED INDIVIDUALS TO MAINTAIN THEIR METHADONE TREATMENT WHILE THEY ARE IN VARIOUS CORRECTIONAL FACILITIES AT THE PPS STATE ROAD CAMPUS. TO BE ELIGIBLE, INDIVIDUALS MUST BE ACTIVELY ENROLLED IN AN OPIATE TREATMENT PROGRAM (OTP) AT THE TIME OF INCARCERATION. SERVICES INCLUDE ASSESSMENT, METHADONE MAINTENANCE, INDIVIDUAL AND GROUP COUNSELING, AND CARE BY A PHYSICIAN SPECIALIZING IN ADDICTION MEDICINE. NET STEPS SERVED 1,842 PERSONS OVER 4 PROGRAMS.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 2,957,560 including grants of \$ 0) (Revenue \$ 1,948,737)

DELAWARE ADULT SERVICES: NET'S KIRKWOOD DETOXIFICATION CENTER, ONE OF TWO MEDICALLY MONITORED DETOXIFICATION CENTERS IN THE STATE OF DELAWARE, PROVIDES ADDICTION ASSESSMENT AND MEDICALLY MONITORED DETOXIFICATION, ON AVERAGE, TO 41.8 PERSONS DAILY. KIRKWOOD DETOXIFICATION HAS ALSO IMPLEMENTED THREE NEW LEVELS OF CARE TO COMPLEMENT ITS INPATIENT PROGRAM. KIRKWOOD NOW OFFERS TWENTY-THREE HOUR OBSERVATION, INTENSIVE OUTPATIENT THERAPY AND AMBULATORY DETOXIFICATION. NET CONTRACTS WITH THE DELAWARE DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH, DELAWARE MEDICAID MANAGED CARE ORGANIZATIONS AND SEVERAL OTHER COMMERCIAL INSURERS TO PROVIDE THESE DESPERATELY NEEDED SERVICES. THIS PROGRAM SERVED 1,695 CLIENTS IN FY 2019.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
NORTHEAST TREATMENT CENTERS INC

Employer identification number
23-1728478

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	9,259,931	8,486,394	8,907,446	12,712,191	11,093,456	50,459,418
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	9,259,931	8,486,394	8,907,446	12,712,191	11,093,456	50,459,418
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6	Public support. Subtract line 5 from line 4.						50,459,418

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .	9,259,931	8,486,394	8,907,446	12,712,191	11,093,456	50,459,418
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	13,098	13,976	15,516	12,500	7,742	62,832
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .	12,484	11,777	10,627	6,343	12,227	53,458
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	185,441	214,657	304,745	84,532	49,832	839,207
11	Total support. Add lines 7 through 10						51,414,915

12 Gross receipts from related activities, etc. (see instructions) **12** 157,487,308

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	98.140 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	98.060 %

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6	Total. Add lines 1 through 5 . . .						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . .						
c	Add lines 7a and 7b. . .						
8	Public support. (Subtract line 7c from line 6.) . . .						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6. . .						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .						
c	Add lines 10a and 10b. . .						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
13	Total support. (Add lines 9, 10c, 11, and 12.) . . .						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . .

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	LOGISTICS - 2014 AMOUNT: \$ 118,553. 2015 AMOUNT: \$ 158,890. 2016 AMOUNT: \$ 145,824. VENDOR REFUNDS ADJUSTMENTS - 2018 AMOUNT: \$ 40,278. MEDICAL REIMBURSEMENT - 2018 AMOUNT: \$ 7,817 . BAD DEBT RECOVERY - 2018 AMOUNT: \$ 768. OTHER INCOME - 2014 AMOUNT: \$ 66,888. 2015 AMOUNT: \$ 55,767. 2016 AMOUNT: \$ 158,921. 2017 AMOUNT: \$ 84,532. 2018 AMOUNT: \$ 969.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
NORTHEAST TREATMENT CENTERS INC

Employer identification number
23-1728478

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		948,246		948,246
b Buildings		20,264,130	8,559,108	11,705,022
c Leasehold improvements		16,300	2,445	13,855
d Equipment		3,902,170	3,065,356	836,814
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				13,503,937

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	44,181
(2) ADVANCES FROM SUBSIDIARY	6,362,852
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 6,407,033

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	46,398,118
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	26,966	
e	Add lines 2a through 2d		2e	26,966
3	Subtract line 2e from line 1		3	46,371,152
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	46,371,152

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	45,231,051
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	26,966	
e	Add lines 2a through 2d		2e	26,966
3	Subtract line 2e from line 1		3	45,204,085
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	45,204,085

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-1728478

Name: NORTHEAST TREATMENT CENTERS INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	NORTHEAST TREATMENT CENTERS, INC. IS A NON PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. ACCORDINGLY, THERE IS NO PROVISION FOR INCOME TAXES. CENTERS ARE NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS OR ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME TAXES. CENTERS FOLLOWS THE GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE GUIDANCE FURTHER PRESCRIBES RECOGNITION AND MEASUREMENT OF TAX PROVISIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE APPLICATION OF THIS STANDARD HAD NO IMPACT ON CENTER'S FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	DIRECT RENTAL EXPENSES 26,966.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	DIRECT RENTAL EXPENSES 26,966.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
NORTHEAST TREATMENT CENTERS INC

Employer identification number
23-1728478

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the Organization

NORTHEAST TREATMENT CENTERS INC

Employer identification number

23-1728478

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:</p>	<p>NORTHEAST TREATMENT CENTERS, INC. (NET) OFFERS SUPPORT AND HOPE TO INDIVIDUALS AND FAMILIES AT TIMES OF GREAT STRESS IN THEIR LIVES. A NONPROFIT AGENCY, NET PROVIDES A CONTINUUM OF TRAUMA INFORMED BEHAVIORAL HEALTH AND SOCIAL SERVICES DESIGNED TO MEET COMPLEX NEEDS OF ALL FAMILY MEMBERS. THESE INCLUDE MENTAL HEALTH, ADDICTION TREATMENT, FOSTER CARE, RESIDENTIAL GROUP CARE, ADOPTION, JUVENILE JUSTICE SERVICES AND CHILD WELFARE SERVICES. WHILE SOME SERVICES ADDRESS THE NEEDS OF THE FAMILY AS A WHOLE AND SOME TARGET INDIVIDUALS, WE ALWAYS STRIVE TO FOSTER POSITIVE CONNECTIONS WITHIN THE FAMILY TO HELP ALL FAMILY MEMBERS HEAL, RECOVER AND REBUILD. APPROXIMATELY 800 COMPASSIONATE AND PROFESSIONAL STAFF MEMBERS PROVIDE SERVICES TO OVER 10,000 CONSUMERS ANNUALLY. EACH PERSON SERVED IS INDIVIDUALLY ASSESSED AND OFFERED SERVICES AT A LEVEL OF CARE THAT BEST MEETS HIS OR HER NEEDS. WHILE OUR CONTINUUM IS DIVERSE, OUR STAFFS' COMMITMENT TO STRENGTHENING FAMILIES, COMMUNITY WELLNESS AND POSITIVE ENGAGEMENT SERVE AS THEMES THAT UNITE THE TEAMS. SERVICES ARE OFFERED AT 15 SITES THROUGHOUT GREATER PHILADELPHIA, THE LEHIGH VALLEY AND THE STATE OF DELAWARE. FOUNDED IN 1970, NET HAS GROWN INTO ONE OF LARGEST BEHAVIORAL HEALTH AND SOCIAL SERVICES AGENCIES IN THE REGION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE HAS THE AUTHORITY OF THE BOARD OF DIRECTORS AND IS COMPRISED OF THE: CHAIRMAN, SECRETARY, TREASURER AND THE CEO. THE CEO ACTS IN AN EX-OFFICIO CAPACITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM, WHICH IS SENT TO THE AUDIT COMMITTEE WHO WILL REVIEW, RECOMMEND CHANGES, AND ONCE COMPLETE, SEND A FULL COPY TO THE FULL BOARD OF DIRECTORS BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	A STATEMENT DENYING ANY CONFLICT OF INTEREST IS SIGNED BY ALL BOARD MEMBERS ANNUALLY. BOARD MEMBERS ARE REQUIRED TO NOTIFY THE BOARD IF ANY CONFLICTS OF INTEREST ARISE DURING THEIR TERM. THERE WERE NO SITUATIONS OF NON-COMPLIANCE DURING THE YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE PRESIDENT/CEO (CEO). IN DETERMINING THE CEO'S COMPENSATION, THE BOARD REVIEWS A VARIETY OF SALARY SURVEYS INCLUDING THE GUIDESTAR NONPROFIT COMPENSATION REPORT. ADDITIONALLY, NET HAD ENGAGED AN INDEPENDENT CONSULTANT TO PERFORM A SALARY SURVEY FOR ALL OF THE ORGANIZATION'S POSITIONS AND THIS INFORMATION HAS BEEN USED TO DEVELOP REASONABLE SALARY RANGES FOR ALL EMPLOYEES. THE CEO USES THIS INFORMATION TO DETERMINE THE COMPENSATION FOR ANY OTHER OFFICER OR KEY EMPLOYEE OF THE ORGANIZATION, AS WELL AS FOR DIRECTORS AND PROGRAM LEADERS THAT FALL OUTSIDE OF THE INTERNAL REVENUE SERVICE DEFINITION OF OFFICER OR KEY EMPLOYEE. ALL OFFICER AND KEY EMPLOYEE COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE DELIBERATION AND FINAL DECISION ARE TIMELY DOCUMENTED IN THE BOARD MINUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION HAS ONLY MADE ITS AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UP ON REQUEST. THE ORGANIZATION DOES NOT MAKE ITS CONFLICT OF INTEREST POLICY AVAILABLE TO THE GENERAL PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER: PROGRAM SERVICE EXPENSES 7,502,300. MANAGEMENT AND GENERAL EXPENSES 1,061,833. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 8,564,133.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF INTEREST RATE SWAP AGREEMENT -104,534.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEAST TREATMENT CENTERS INC

Employer identification number

23-1728478

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NET TREATMENT SERVICES INC 499 N FIFTH STREET PHILADELPHIA, PA 19123 22-2697033	BEHAVIORAL HEALTHCARE	PA	501(C)(3)	LINE 7	NORTHEAST TREATMENT CENTERS INC	Yes	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)	Yes	
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)	Yes	
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses		No
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NET TREATMENT SERVICES INC	D	6,362,852	YEAR-END LOAN BALANCE
(2) NET TREATMENT SERVICES INC	L	1,557,595	CASH

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference	Explanation