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Form **990-T**

AMENDED RETURN  
**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0687

**2017**

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

**A**  Check box if address changed

**B** Exempt under section  
 501(c)(3)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

Name of organization (  Check box if name changed and see instructions.)  
**TREATMENT ACCESS & SERVICES CENTER OF BERKS COUNTY, INC.**

Number, street, and room or suite no. If a P O. box, see instructions.  
**19 NORTH 6TH STREET, NO. 300**

City or town, state or province, country, and ZIP or foreign postal code  
**READING, PA 19601**

**D** Employer identification number (Employees' trust, see instructions)  
**23-2675834**

**E** Unrelated business activity codes (See instructions)  
**812930**

**C** Book value of all assets at end of year  
**478,753.**

**F** Group exemption number (See instructions) **▶**

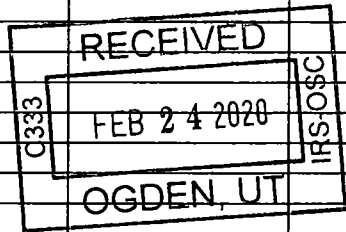
**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. **▶ DISALLOWED FRINGE BENEFITS**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation **▶**

**J** The books are in care of **▶ DAN MILLOY** Telephone number **▶ (610) 375-4426**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
1c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	<b>Total.</b> Combine lines 3 through 12	0.		



**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions)  
(Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)		28	
29	<b>Total deductions.</b> Add lines 14 through 28		29	0.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		30	0.
31	Net operating loss deduction (limited to the amount on line 30)		31	
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30		32	0.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	0.

SCANNED MAR 17 2020

TREATMENT ACCESS & SERVICES CENTER OF  
BERKS COUNTY, INC.

Form 990-T (2017)

23-2675834

Page 2

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b> Income tax on the amount on line 34	35c	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
<b>37 Proxy tax.</b> See instructions	37	
<b>38 Alternative minimum tax</b>	38	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	39	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
<b>b</b> Other credits (see instructions)	41b	
<b>c</b> General business credit. Attach Form 3800	41c	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
<b>e Total credits.</b> Add lines 41a through 41d	41e	
<b>42</b> Subtract line 41e from line 40	42	0.
<b>43 Other taxes.</b> Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
<b>44 Total tax.</b> Add lines 42 and 43	44	0.
<b>45a</b> Payments. A 2016 overpayment credited to 2017	45a	
<b>b</b> 2017 estimated tax payments	45b	
<b>c</b> Tax deposited with Form 8868	45c	
<b>d</b> Foreign organizations. Tax paid or withheld at source (see instructions)	45d	
<b>e</b> Backup withholding (see instructions)	45e	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	45f	
<b>g</b> Other credits and payments <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Other <u>1,335.</u> Total <u>1,335.</u>	45g	1,335.
<b>46 Total payments.</b> Add lines 45a through 45g	46	1,335.
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	1,335.
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> <input checked="" type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	50	1,335.

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <input type="checkbox"/>	Yes	No
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$ <u>0.</u>		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

 1-27-20 EXECUTIVE DIRECTOR

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name RUTHANN J. WOLL, CPA	Preparer's signature RUTHANN J. WOLL, CPA	Date 01/14/20	Check <input type="checkbox"/> if self-employed	PTIN P00647342
	Firm's name <input checked="" type="checkbox"/> RKL LLP			Firm's EIN <input checked="" type="checkbox"/> 23-2108173	
	Firm's address <input checked="" type="checkbox"/> 1330 BROADCASTING ROAD, PO BOX 7008 WYOMISSING, PA 19610-6008			Phone no 610-376-1595	

Form 990-T (2017)

## FOOTNOTES

STATEMENT 1

THE 990-T IS BEING AMENDED TO COMPLY WITH THE REPEAL OF SECTION 512(A)(7) OF THE TAX CUTS AND JOBS ACT AS REFLECTED IN SECTION 302 OF THE TAXPAYER CERTAINTY AND DISASTER TAX RELIEF ACT OF 2019.

FORM 990-T, PART I, LINE 12: THIS LINE NOW REFLECTS \$0 DISALLOWED FRINGE BENEFITS.

THERE ARE NO OTHER TAXABLE ACTIVITIES TO BE REPORTED, TOTAL UNRELATED BUSINESS TAXABLE INCOME IS \$0.

FORM 990-T

OTHER CREDITS AND PAYMENTS

STATEMENT 2

DESCRIPTION

AMOUNT

AMOUNT PAID WITH ORIGINALLY FILED RETURN

1,335.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 45G

1,335.