

1806

Form 990-T

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

OMB No 1545-0687

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

2017

Department of the Treasury Internal Revenue Service

Go to 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)

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 (checked), 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 (checked)

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

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Includes a 'RECEIVED' stamp dated JAN 31 2020.

Table with 2 columns: 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), and numerical columns 14-34. Includes handwritten '36' next to line 33.

SCANNED MAR 17 2020

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation
 Controlled group members (sections 1561 and 1563) check here See instructions and

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)
 (1) \$ _____ (2) \$ _____ (3) \$ _____

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____

c Income tax on the amount on line 34 ▶ 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) ▶ 36

37 Proxy tax. See instructions ▶ 37

38 Alternative minimum tax ▶ 38

39 Tax on Non-Compliant Facility Income See instructions ▶ 39

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies ▶ 40 0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a

b Other credits (see instructions) 41b

c General business credit. Attach Form 3800 41c

d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d

e Total credits. Add lines 41a through 41d 41e

42 Subtract line 41e from line 40 42 0.

43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 43

44 Total tax. Add lines 42 and 43 44 0.

45a Payments. A 2016 overpayment credited to 2017 45a

b 2017 estimated tax payments 45b

c Tax deposited with Form 8868 45c

d Foreign organizations. Tax paid or withheld at source (see instructions) 45d

e Backup withholding (see instructions) 45e

f Credit for small employer health insurance premiums (Attach Form 8941) 45f

g Other credits and payments: Form 2439 Form 4136 Other 1,335. Total 45g 1,335.

46 Total payments. Add lines 45a through 45g 46 1,335. SEE STATEMENT 2

47 Estimated tax penalty (see instructions) Check if Form 2220 is attached 47

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49 1,335.

50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded 50 1,335.

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

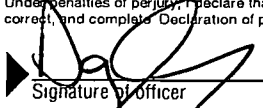
51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No

52 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

53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.

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.

 Signature of officer Date 1-27-20 ▶ EXECUTIVE DIRECTOR Title

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

Paid Preparer Use Only

Print/Type preparer's name: RUTHANN J. WOLL, CPA
 Preparer's signature: RUTHANN J. WOLL, CPA
 Date: 01/14/20
 Check if self-employed
 PTIN: P00647342
 Firm's name: RKL LLP
 Firm's address: 1330 BROADCASTING ROAD, PO BOX 7008 WYOMISSING, PA 19610-6008
 Firm's EIN: 23-2108173
 Phone no: 610-376-1595

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.