

EXTENDED TO MAY 15, 2020

Form 990-T

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

OMB No 1545-0687

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

2018

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

Department of the Treasury Internal Revenue Service

A Check box if address changed

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

D Employer identification number (Employees trust, see instructions) ** - *** 5834

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

Print or Type

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

E Unrelated business activity Code (See instructions) 23-2675834 812930

C Book value of all assets at end of year 470,701.

F Group exemption number (See instructions)

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

H Enter the number of the organization's unrelated trades or businesses 1 Describe the only (or first) unrelated trade or business here DISALLOWED FRINGE BENEFITS If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

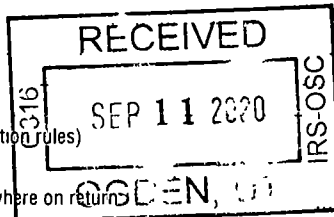
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? () Yes (X) No If "Yes," enter the name and identifying number of the parent corporation.

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

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

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)

Table with 2 columns: Description, Amount. Rows 14-32.



SCANNED JAN 25 2021 D F8868

4

63

TREATMENT ACCESS & SERVICES CENTER OF
BERKS COUNTY, INC.

Form 990-T (2018)

-*5834

Page 2

Part III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	0.
34	Amounts paid for disallowed fringes	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	0.

Part IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	
41	Proxy tax. See instructions	
42	Alternative minimum tax (trusts only)	
43	Tax on Noncompliant Facility Income. See instructions	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	0.

Part V Tax and Payments		
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	
45b	Other credits (see instructions)	
45c	General business credit. Attach Form 3800	
45d	Credit for prior year minimum tax (attach Form 8801 or 8827)	
45e	Total credits. Add lines 45a through 45d	
46	Subtract line 45e from line 44	0.
47	Other taxes. 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)	
48	Total tax. Add lines 46 and 47 (see instructions)	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	0.
50a	Payments A 2017 overpayment credited to 2018	
50b	2018 estimated tax payments	
50c	Tax deposited with Form 8868	3,000.
50d	Foreign organizations: Tax paid or withheld at source (see instructions)	
50e	Backup withholding (see instructions)	
50f	Credit for small employer health insurance premiums (attach Form 8941)	
50g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	
51	Total payments. Add lines 50a through 50g	3,000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	3,000.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>	3,000.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
57	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	<input type="checkbox"/> <input checked="" type="checkbox"/>
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$	0.

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.

Sign Here
 Signature of officer: [Signature] Date: 9-1-20 Title: EXECUTIVE DIRECTOR
 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: 06/19/20 Check if self-employed PTIN: P00647342
 Firm's name: RKL LLP Firm's EIN: **-***8173
 Firm's address: 1330 BROADCASTING ROAD, PO BOX 7008 WYOMISSING, PA 19610-6008 Phone no.: 610-376-1595