2939327708102

Form	990-T	E	Exempt Organization Bus				ax Re	ţurn	)	OMB No 1545-0687
			(and proxy tax und				190			2040
		For cal	lendar year 2018 or other tax year beginning ${\color{red} { m JUL} \ \ 1}$ ,					<u>201</u>	<u>9</u>	2018
	ent of the Treasury Revenue Service	▶	► Go to www.irs gov/Form990T for ir Do not enter SSN numbers on this form as it may					01(c)(3)	-	Open to Public Inspection for 501(c)(3) Organizations Only
Α 🗀	Check box if address changed		Name of organization (	-			r.		_ (Emp	oyer identification number loyees' trust, see actions)
B Eve	mpt under section	Print	TELEVISION ASSOCIATION		DD CC111		_		2	3-1663603
	501(c)(307)	or	Number, street, and room or suite no. If a P.O. bo.		etructions				E Unrei	ated business activity code
	408(e) 220(e)	Туре	100 WVIA WAY	A, 500 II	ion donono.				(See I	nstructions)
	408A 530(a)		City or town, state or province, country, and ZIP of	or foreia	n postal code		-		1	
	529(a)		PITTSTON, PA 18640		,, poota, oodo				515	100
C Book	value of all assets		F Group exemption number (See instructions )	<b></b>						
	<u> </u>	89.	G Check organization type 🕨 🗶 501(c) cor	poration	501	(c) trust		401(a)	trust	Other trust
		_	ation's unrelated trades or businesses. 🕨	2			the only (or			
			ODUCTION SERVICES				complete P			
			ice at the end of the previous sentence, complete Pa	arts I an	d II, complete	a Schedule	M for each	addition	al trade	e or
	ness, then complete								<del></del>	
			poration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlle	a group?		▶ L	Ye	es X No
			tifying number of the parent corporation > THE ORGANIZATION			Talanha	na number	<b>N</b> 5	70	826-6144
Part			de or Business Income		(A) Inco			xpenses		(C) Net
	iross receipts or sale		525,706.	$\Box$	(11) 11100					(0)::01
	ess returns and allo		c Balance	1 <sub>c</sub>	525.	706.				
	ost of goods sold (S			2						
	iross profit. Subtract			3	525	706.				525,706.
	apital gain net incon			4a						
			Part II, line 17) (attach Form 4797)	4b						
20	apital loss deduction	n for trus	sts	4c						
C 5 Ir	ncome (loss) from a	partners	ship or an S corporation (attach statement)	5						
	lent income (Schedu	ile C)		6						
$\mathbf{C}$	Inrelated debt-financ		•	7			•			
			and rents from a controlled organization (Schedule F)	$\overline{}$						
ا و			on 501(c)(7), (9), or (17) organization (Schedule G)							
7-2	xploited exempt acti			10						
4 1	dvertising income (S other income (See in:			11						
•	otal. Combine lines			13	525	706.	<u> </u>			525,706.
(5) 13 T (7) Part			ot Taken Elsewhere (See instructions for							32377001
. [	(Except for	contribi	utions, deductions must be directly connecte	d with	the unrelated	business	income)			
14	Compensation of off	ficers, di	rectors, and trustees (Schedule K)			•			14	
15	Salaries and wages								15	
16	Repairs and mainter	nance							16	
17	Bad debts								17	
	Interest (attach sche	edule) (s	ee instructions)						18	
	Taxes and licenses								19	
		-	e instructions for limitation rules)			ا به			20	
<u>``</u>	Depreciation (attach					21 22a			22b	
	•	aimed o	n Schedule A and elsewhere on return		L	228	_		23	
_	Depletion Contributions to def	arrad ca	mnaneation plans						24	
<del></del>	Employee benefit pr								25	
	Excess exempt expe	-							26	
⊆⊊ 27	Excess readership c								27	
_ 5 - 5 28	Other deductions (a	•			SEE	STAT	EMENT	1	28	531,552.
90	Total deductions A							$\overline{\mathcal{H}}$	29	531,552.
있 등 30			ncome before net operating loss deduction. Subtra	ct line 2	9 from line 13				30	-5,846.
ш <sub>ю</sub> 31	Deduction for net or	erating	loss arising in tax years beginning on or after Janua	ary 1, 20	018 (see instru	ctions)		21	31	
32_	Unrelated business	taxable ı	income. Subtract line 31 from line 30					<u> 21</u>	32	-5,846.

910

Form **990-T** (2018)

NORTHEASTERN PENNSYLVANIA EDUCATIONAL TELEVISION ASSOCIATION Form 990-T (2018)

Part I	II Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	8,499	9.			
34	Amounts paid for disallowed fringes	34					
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  35						
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of						
	lines 33 and 34	36	8,499	9.			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	3/7	1,000				
38	Haralated hypinasa taughta income. Cubtract line 27 from line 26. If line 27 is greater than line 26.	~ 1 1		<del></del>			
30	enter the smaller of zero or line 36	) 38	7,499	a			
Part I	V Tax Computation	11 30 1	1, = 2 2	<u></u>			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	Û 39	1,575	<u> </u>			
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:			<u></u>			
40	Tax rate schedule or Schedule D (Form 1041)						
4.4	· ,	10	· · · · · ·				
41	Proxy tax. See instructions	1	<del></del>				
42	Alternative minimum tax (trusts only)	4/2	<del></del>	—			
43	Tax on Noncompliant Facility Income See instructions		1,575	_			
Part \	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  / Tax and Payments	<del>\ 44</del>	1,5/5	<u>) •</u>			
		<del>1   1   -</del>					
	, ,	$\dashv$ $I$					
	Other credits (see instructions)  45b	<b>┤</b> ┃					
C	General business credit Attach Form 3800	<b>⊣j</b>					
	Credit for prior year minimum tax (attach Form 8801 or 8827)  7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	┥ <b>ᆝ</b> ᇊ╽					
	Total credits. Add lines 45a through 45d	45e	1 575	_			
46	Subtract line 45e from line 44	46	1,575	<u> </u>			
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		1 575	_			
48	Total tax Add lines to and tr (see instructions)	1 10	1,575	<u> </u>			
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		0.			
	Payments: A 2017 overpayment credited to 2018  5ta 4,500	<u>-     </u>					
	2018 estimated tax payments 5bb	-					
	Tax deposited with Form 8868	$\dashv \mid \mid \mid$					
	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>-                                     </b>					
	Backup withholding (see instructions) 50e	<b>-     </b>					
	Credit for small employer health insurance premiums (attach Form 8941)						
9	Other credits, adjustments, and payments: Form 2439						
	☐ Form 4136 ☐ Other ☐ Total ► 50g	<b>-</b>	4 500	^			
51	Total payments. Add lines 50a through 50g	51	4,500	<u>J.</u>			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52		_			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0 005	_			
$(0^{54})$	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	·	2,925	_			
<b>D</b>	Enter the amount of line 54 you want: Credited to 2019 estimated tax   2,925. Refunded	65		<u>0 .</u>			
Part \		+					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	,	Yes N	VO_			
	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			v			
	here >		— <del>  -   {</del>	<u>X</u>			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		<del>                                     </del>	<u>~</u>			
50	If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year  \$\bigs\\$\$		i i				
58	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn	owledge and	belief, it is true.	—			
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge						
Here		•	iscuss this return with	١			
		ne preparer s nstructions)?	hown below (see	No			
		if PTIN	12 100	<u>.</u>			
	Print/Type preparer's name Preparer's signature Date Check Self- employe						
Paid	05/09/20		1056330				
Prepa	MOCDATI MEDICI CILIANI C ACCOCTAMEC D C Sumis EIN		-2226550	—			
Use (	Only 1173 CLAY AVENUE			—			
	Firm's address SCRANTON, PA 18510 Phone no.	(570)	961-0345	5			
823711 0	Donation, 211 10010		orm <b>990-T</b> (20				

## NORTHEASTERN PENNSYLVANIA EDUCATIONAL Form 990-T (2018) TELEVISION ASSOCIATION

23-1663603

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntorv va	uation ► N/A				<del></del>	
1 Inventory at beginning of year	1 1			nventory at end of yea	r	<del></del> .	6		
2 Purchases	2		_	Cost of goods sold. Su		ine 6			
3 Cost of labor	3		_	rom line 5. Enter here				}	
4a Additional section 263A costs			_	ine 2		<b>,</b>	7		
(attach schedule)	4a			Do the rules of section	263A (1	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	•	•			
5 Total Add lines 1 through 4b	5	-	_ '	he organization?					
Schedule C - Rent Income (see instructions)		Property an			Leas	ed With Real Pro	per	ty)	
1. Description of property									
(1)									-
(2)									
(3)									
(4)				<del></del>					
	2. Rent receiv	red or accrued							
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	personal p	nal property (if the percenta roperty exceeds 50% or if I on profit or income)	ige	3(a) Deductions directly columns 2(a) a		ected with the income (attach schedule)	in
(1)									
(2)									
(3)	_								
(4)									
Total	0.	Total	•	_	0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<u></u>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>	<u>.</u>	0.
Schedule E - Unrelated Del	bt-Financed	I Income (see	Instruc	tions)	ı———				
			2	Gross income from		3 Deductions directly cor to debt-finan-			
1 Description of debt-fi	inanced property		0	r allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
(1)	· <del>-</del>	<del></del>							
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property th schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8. Allocable deduc (column 8 x total of c 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
					I	inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column	
Totals				•	}	0			0.
Total dividends-received deductions ii	ncluded in colum	n 8							0.
								<del></del>	

<u></u>		<u>-</u>	, and Rents	Controlled O				- 150000			
1 Name of controlled organizat	ion	2. Employer identification number		related income instructions)		l of specified ents made	5. Part of column 4 that is included in the controlling organization's gross income		lling	6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)										<u> </u>	
Nonexempt Controlled Organia	zations										
7 Taxable Income		ited income (loss istructions)	9. Total	of specified pay made	ments	10 Part of colur in the controlli gross	mn 9 that is ing organiz s income	s included ation's		luctions directly connected income in column 10	
(1)	-										
(2)									,		
(3)	-										
(4)											
						Enter here and	nns 5 and 1 on page 1 column (A)	, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
otals				7) (0)	<u>▶</u>			0.		0	
Schedule G - Investme (see instr		of a Sect	tion 501(c)(	/), (9), or	(17) Or	ganization	)				
1 Descri	ription of income			2. Amount of	income	3 Deductio directly conne (attach sched	cted	4 Set-as (attach sci		5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)		·									
(3)											
(4)											
<del></del>				Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)	
Totals			•		0.					0	
Schedule I - Exploited		ctivity Inc	ome, Othe	r Than Ac		ng Income	<del>)</del>			<u> </u>	
(see Instru  1 Description of exploited activity	2 Gross unrelated bus income fro trade or busi	iness w	3 Expenses actly connected ith production of unrelated siness income	4. Net inconfrom unrelated business (or minus cotum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	that ted	6. Expe attributat columi	ole to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)						_					
(3)											
(4)											
	Enter here an page 1, Pai line 10, col	t I, p (A) III	ter here and on page 1, Part I, ne 10, col (B)				•			Enter here and on page 1, Part II, line 26	
Totals  Schedule J - Advertisi	na Income	0.	0 ·	l	····-					0	
Part I Income From I				solidated	Basis						
		<del></del>		1		1				7 Excess readership	
1 Name of periodical	ad	. Gross vertising ncome	3 Direct advertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, computi hrough 7	5. Circulat income		6. Reader costs		costs (column 8 minus column 5, but not more than column 4)	
(1)											
(2)				_							
(3)										•	
(4)						<u> </u>					
			· · ·								
Totals (carry to Part II, line (5))	►l	0.	0			1	ľ			0	

## NORTHEASTERN PENNSYLVANIA EDUCATIONAL

23-1663603

Page 5

Form 990-T (2018) TELEVISION ASSOCIATION 23-16636

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			•				
(2)					-		
(3)	Ī						
(4)							
Totals from Part I	<b></b>	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<u> </u>	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		▶	0.

Form 990-T (2018)

FORM 990-T	STATEMENT	1	
DESCRIPTION		AMOUNT	
RELATED PRODUCTION & PADMINISTRATION/PROGRAM		466,37 65,17	
TOTAL TO FORM 990-T, P	AGE 1, LINE 28	531,55	52.

## SCHEDULE M (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

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

Open to Public Inspection for

501(c)(3) Organizations Only

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) Name of the organization

► 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). NORTHEASTERN PENNSYLVANIA EDUCATIONAL

Employer identification number <u>23-1663603</u>

Unrelated business activity code (see instructions)

TELEVISION ASSOCIATION

	escribe the unrelated trade or business    UNDERWRIT	ING			
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 40,000.				
b	Less returns and allowances c Balance ▶	1c	40,000.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	40,000.		40,000.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		_	
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8	_		
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11		·	
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	40,000.		40,000.

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) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)		,	20	
21	Depreciation (attach Form 4562)	2	1		
22	Less depreciation claimed on Schedule A and elsewhere on return	22	a	22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	<u>-</u>
26	Excess exempt expenses (Schedule I)			26_	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)	ΞE	STATEMENT 2	28	31,501.
29	Total deductions. Add lines 14 through 28			29	31,501.
30	Unrelated business taxable income before net operating loss deduction. Subtract lin	ne 29	from line 13	30	8,499.
31	Deduction for net operating loss arising in tax years beginning on or after January 1	, 201	8 (see	1	
	instructions)			31	·
32	Unrelated business taxable income Subtract line 31 from line 30		<u></u> -	32	8,499.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

TELEVISION					23-166	<u> 360</u>	13	
Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation 🕨 N/A	1			_	
1 Inventory at beginning of year	1		6 Inventory at end of yea	ır		6		
2 Purchases	2		7 Cost of goods sold. Su	ıbtract l	ine 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,			ļ		
4 a Additional section 263A costs			line 2			. 7		
(attach schedule)	4a		8 Do the rules of section	263A (\	with respect to		Ye	s No
b Other costs (attach schedule)	4b		property produced or a	acquired	I for resale) apply to			
5 Total. Add lines 1 through 4b	5	,	the organization?					X
Schedule C - Rent Income ( (see instructions)	From Real	Property and	d Personal Property	Lease	ed With Real Pro	pert	у)	
1. Description of property								
(1)								
(2)			<u> </u>		-			
(3)					· -			
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the percrent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directl columns 2(a) a		cted with the incon (attach schedule)	ne in
(1)								
(2)								
(3)								
(4)	<u> </u>							
Total	0.	Total	<u> </u>	0.				
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	t-Financed	I Income (see	instructions)					
			2. Gross income from		3 Deductions directly conto debt-finan			
1 Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduct (attach schedu	
(1)								
(2)	•							
(3)								
(4)	-				· · · · · · · · · · · · · · · · · · ·			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property in schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 8)		8 Allocable ded (column 6 x total of 3(a) and 3(b	columns
(1)			%	Ì				
(2)			%					
(3)		_	%		· · · · · -			
(4)	-		%					
					nter here and on page 1, Part I, line 7, column (A)		Enter here and on p	•
Totals			•		0			_0.
Total dividends-received deductions in	cluded in column	n 8				•		0.
TOTAL GIFTGOILGO TOUCHTCO GCGGCTOILG III		· <u>-</u>					Form 000	-T (2018)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
UNDERWRITING COSTS ADMINISTRATION		21,199. 10,302.
TOTAL TO SCHEDULE M, PART II,	LINE 28	31,501.