Form 990- , T	E	Exempt Organization Bu			ax Return	า	OMB No 1545-0047
eri ir	,	(and proxy tax und			N 30, 202		2040
•	For ca	alendar year 2019 or other tax year beginning JUL 1				<u> 20</u>	2019
Department of the Treasury Internal Revenue Service	>	► Go to www irs gov/Form990T for ► Do not enter SSN numbers on this form as it ma					Open to Public Inspection for 50 1(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name NORTHEASTERN PENNSYLV)	_	,	L	Em;	loyer identification number ployees' trust, see uctions)
B Exempt under section	Print	TELEVISION ASSOCIATION				2	23-1663603
X 501(c103_)	or	Number, street, and room or suite no. If a P.O. bo	ox, see i	nstructions		E Unre	lated business activity code instructions)
408(e)220(e)	Туре	100 WVIA WAY] '000	, increasing ,
408A530(a) 529(a)		City or town, state or province, country, and ZIP PITTSTON, PA 18640	or foreig	on postal code		515	3100
C Book value of all assets at end of year	•	F Group exemption number (See instructions)					
33,133,9	06.	G Check organization type ► X 501(c) co	rporatio	n 501(c) trust	401(a) trust	Other trust
H Enter the number of the	organiza	ation's unrelated trades or businesses. 🕨	2	Describe	the only (or first) ur	related	1
trade or business here	<u> PR(</u>	ODUCTION SERVICES		If only one,	complete Parts I-V.	If more	e than one,
describe the first in the bl	ank spa	ace at the end of the previous sentence, complete F	arts I ar	nd II, complete a Schedule	e M for each addition	nal trad	e or
business, then complete							
		poration a subsidiary in an affiliated group or a pare	ent-subs	sidiary controlled group?	▶ l	Y	es X No
		tifying number of the parent corporation.		~			006 6144
		THE ORGANIZATION de or Business Income			one number > 5		
			1	(A) Income	(B) Expense:	<u> </u>	(C) Net
1 a Gross receipts or sale		230,992.	1.	230,992.			
b Less returns and allow2 Cost of goods sold (S		c Balance	1c 2	430,394.			
2 Cost of goods sold (S3 Gross profit Subtract			3	230,992.	•		230,992.
4 a Capital gain net incom			4a	23073321			230,3521
· · · · · · · · · · · · · · · · · · ·	•	Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction			4c				
•		ship or an S corporation (attach statement)	5		-		
6 Rent income (Schedu			6				
7 Unrelated debt-finance	ed incor	me (Schedule E)	7				
8 Interest, annuities, roy	alties, a	and rents from a controlled organization (Schedule F)	8				
9 Investment income of	a sectio	on 501(c)(7), (9), or (17) organization (Schedule G) 9				
10 Exploited exempt activ	ity inco	ome (Schedule I)	10				
11 Advertising income (S		•	11				
12 Other income (See ins			12	020 000			020 000
13 Total. Combine lines			13	230,992.			230,992.
		ot Taken Elsewhere (See instructions for directly connected with the unrelated bus					
14 Compensation of offi	cers, du	rectors, and trustees (Schedule K)				14	<u> </u>
15 Salaries and wages						15	
16 Repairs and mainten	ance					16	
17 Bad debts						17_	
18 Interest (attach schei	dule) (se	ee instructions)	/F-F	, 		18	
19 Taxes and licenses		RECEI	VEL			19	
20 Depreciation (attach	Form 45	562)	0004	20			
	imed or	n Schedule A and elsewhere SeturMAR 15	ZUZI	(21a)		21b	
22 Depletion		"		<u> </u>		22	
23 Contributions to defe		mpensation plans OGDEN	I. Մ1	[23	
24 Employee benefit pro		<u> </u>	<u> '</u>			24	
25 Excess exempt exper26 Excess readership co						25 26	
26 Excess readership co27 Other deductions (att				SEE STAT	ЕМЕМТ 1	27	321,565.
28 Total reductions Ad				Jun Diai		28	321,565.
/		ncome before net operating loss deduction. Subtra	ct line 2	8 from line 13		29	-90,573 .
/		loss arising in tax years beginning on or after Janu					
(see instructions)		, i i i i i i i i i i i i i i i i i i i		SEE STAT	EMENT 2	30	0.
<i>,</i> .	ax <u>able</u> ır	ncome. Subtract line 30 from line 29				31	-90,573.
	r Paner	work Reduction Act Notice see instructions					Form 990-T (2019)

Form 990-T (20	NORTHEASTERN PENNSYLVANIA EDUCATIONAL TELEVISION AS: Total Unrelated Business Taxable Income	SOC	23-166	5 <u>3</u> 603	Page 2
32 🎢 otal	of unfelated business taxable income computed from all unrelated trades or businesses (see instructions)	\neg	32	3,12	28.
33 'Amou	nts paid for disallowed fringes	· -	33		
'34 Charit	able contributions (see instructions for limitation rules)	r	34		0.
35 Total	unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and		35	3,12	
	ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	~_	36		
	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	_	37	3,12	28.
	ic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	·	38	1,00	
	ated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	\nearrow			
	the smaller of zero or line 37	ւլ	39	2,12	28.
Part JV	Tax Computation		1/		
40 Organ	izations Taxable as Corporations Multiply line 39 by 21% (0.21)		40	4.4	17.
_	Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from	· 8			
	Tax rate schedule or Schedule D (Form 1041)		41		
	tax See instructions	· —	42		
	ative minimum tax (trusts only)		43		
	n Noncompliant Facility Income See Instructions		44		
	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	า ${}^{\!$	A5	4.4	17.
	Tax and Payments	+ ->			
	n tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		7		
	credits (see instructions)				
	al business credit. Attach Form 3800				
_	for prior year minimum tax (attach Form 8801 or 8827)				
	credits Add lines 46a through 46d		46e		
	act line 46e from line 45		47	4.4	17.
	taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched		48		
	tax. Add lines 47 and 48 (see instructions)	1	49	4.4	17.
	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50		0.
	ents: A 2018 overpayment credited to 2019 , Leq 5 a 2, 92				
	estimated tax payments & 5tb 2,00				
	posited with Form 8868				
	n organizations: Tax paid or withheld at source (see instructions) 51d				
_	p withholding (see instructions) 51e				
	for small employer health insurance premiums (attach Form 8941) 51f				
	credits, adjustments, and payments Form 2439				
· · · · · · · · · · · · · · · · · · ·	Form 4136 ☐ Other ☐ Total ► 51g				
-	payments Add lines 51a through 51g		52	4,92	25.
	ated tax penalty (see instructions). Check if Form 2220 is attached		58		
	ue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54		
	ayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55	4,47	78.
	the amount of line 55 you want: Credited to 2020 estimated tax		56		0.
	Statements Regarding Certain Activities and Other Information (see instructions)				
57 At any	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
here	>				X_
	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				X
-	"see instructions for other forms the organization may have to file.				
	he amount of tax-exempt interest received or accrued during the tax year > \$				
	Inder penalties of periury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of m	ıy knowle	dge 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		100 100	41	
Here	PRESIDENT & CEO		the IRS discuss reparer shown t		ius
	Signatule of Officer Date Title	ınstru	uctions)?	Yes	No
	Print/Type preparer's name Preparer's signature Date Check	ıf	PTIN		
Paid	self- empl				
	03/01/21		P0105	6330	
Preparer	S - MOCDATI MEDITE WILLIAM C ACCOCTAMEC D C Sumis SI	N ►		26550)
Use Only	1173 CLAY AVENUE				
	Firm's address ► SCRANTON, PA 18510 Phone no). (5	70) 96	<u>1-03</u> 4	15
923711 01-27-2				990-T (2	

NORTHEASTERN PENNSYLVANIA EDUCATIONAL

Form 990-T (2019) TELEVISION ASSOCIATION

23-1663603

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation N/A					
† Inventory at beginning of year	1		6 Inventory at end of year			6		
2 Purchases	2		7 Cost of goods sold Se		line 6			
3 Cost of labor	3		from line 5. Enter here					
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquire	d for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property	Leas	ed With Real Pro	perty)		
Description of property	<u> </u>		,		· -			
(1)						<u> </u>		
(2)						·		
(3)								
(4)							<u> </u>	
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	and personal property (if the percent personal property exceeds 50% or if it is based on profit or income)	age	3(a) Deductions directly columns 2(a) ar	connected with the nd 2(b) (attach sche		n		
(1)	·							
(2)								
(3)								
(4)	· -							
Total	0.	Total		0.				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		iter -		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)					
			2 Gross income from		3 Deductions directly con to debt-finance	ed property		
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a) Straight line depreciatio (attach schedule)		(b) Other (attach s	deduction: schedule)	s
(1)				ļ		 		
(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 h schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ole deduction total of col and 3(b))	
(1)			%					
(2)			%					
(3)		17	%					
(4)			%					
					inter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7		
Totals			•	[0			0.
Total dividends received deductions III	cludad in columi	n Ø	- '					

Sch	edule F - Interest, /	Annuitie	s, Roya	Ities, ar	nd Rent	s From C	ontroll	ed Organiz	atio	ns (see in:	struction	ns)
_						Controlled O				` .		
•	1. Name of controlled organizat	ion	2. Em identifi num	cation		related income e instructions)		tal of specified ments made	5 Part of column 4 included in the con organization's gross		trolling	6. Deductions directly connected with income in column 5
	·				_	 ,			_	<u></u> _		
(2)								***************************************				
(4)			l		ļ							
None	exempt Controlled Organiz	zations						, . —			T	
	7. Taxable Income		nrelated incon ee instruction		9 Total	of specified pays made	ments	10. Part of column the control gross	mn 9 tha ing orga income	nization's		eductions directly connected h income in column 10
(1)												
(2)												
(3)					_							
_(4)												
							:	Add colun Enter here and line 8, c		1, Part I,	1	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals										0.		0.
Sch	edule G - Investme		me of a	Section	501(c)(7), (9), or	(17) Oı	rganizatior)			
	(see instr	uctions)										
	1. Descr	eption of inco	me			2 Amount of	income	3 Deduction directly connected (attach scheduler)	cted	4. Set-	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)												
(2)												
(3)												
_(4)	_ 							<u> </u>		<u> </u>		
						Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals				·			0.	<u> </u>				0.
Sch	edule I - Exploited (see instru	-	Activity	Incom	e, Othe	r Than Ad	lvertisi 	ing Income) 			
		0 -		- 3 Ex	oenses	4 Net incon		5 0				7 Excess exempt
	Description of exploited activity	2 G unrelated income trade or b	business e from	directly o with pro of unr	connected oduction elated s income	from unrelated business (co minus colum gain, computi through	lumn 2 n 3) If a e cois 5	5 Gross income from activity that is not unrelated business income 6 Expenses attributable to column 5		able to	expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)		_										
(4)												
		Enter her page 1, line 10,	Part I,		re and on , Part I, col (B)							Enter here and on page 1, Part II, line 25
Totals			0.		0.			 _				0.
Sch	nedule J - Advertisir											
Pai	t I Income From F	Periodic	als Rep	orted o	n a Con	solidated	Basis			·		
	1 Name of periodical		2 Gross advertising income		3 Direct extising costs	or (loss) (co	ain, compu			6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)												
(2)								<u> </u>		ļ <u>.</u>		
(3)												
(4)												
	s (carry to Part II, line (5))	•		0.	0							0.
TOTAL	s (carry to rait ii, iiilo (3))			V • I		•						

Form **990-T** (2019)

NORTHEASTERN PENNSYLVANIA EDUCATIONAL

Form 990-T (2019) TELEVISION ASSOCIATION Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

Totals, Part II (lines 1-5)

23-1663603

Page 5

0.

•	columns 2 through	7 on a	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)								
(4)								
otals fr	om Part I	•	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 26

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.

0

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	1	
DESCRIPTION	AMOUNT			
RELATED PRODUCTION & PADMINISTRATION/PROGRAM	286,59 34,96			
TOTAL TO FORM 990-T, P	AGE 1, LINE 27	321,56	55.	

SCHEDULE M (Form, 990-T)

Unrelated Business Taxable Income from an

Unrelated Trade or Business

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

OMB No 1545-0047

1

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) 501(c)(3) Organizations Only

NORTHEASTERN PENNSYLVANIA EDUCATIONAL Name of the organization TELEVISION ASSOCIATION

Employer identification number 23-1663603

ENTITY

Unrelated Business Activity Code (see instructions) ▶ 519100 Describe the unrelated trade or business

UNDERWRITING Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances 13,871 c Balance ▶ 1c 2 Cost of goods sold (Schedule A, line 7) 2 13,871 13,871. Gross profit Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 13,871. 13,871. Total, Combine lines 3 through 12 13

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 3	27	10,743.
28	Total deductions. Add lines 14 through 27	28	10,743.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	3,128.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	3,128.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
UNDERWRITING COSTS ADMINISTRATION	5,836. 4,907.	
TOTAL TO SCHEDULE M, PART	II, LINE 27	10,743.

Form 990-T (2019) NORTHEASTERN PENNSYLVANIA EDUCATIONAL

TELEVISIO	N ASSOC	IATION				23-166	360)3		
Schedule A - Cost of Goods	Sold. Ente	r method of inve	ntory v	aluation N/A						
1' Inventory at beginning of year	1		6	Inventory at end of year	ır		6			
2 Purchases	2		7	Cost of goods sold St	ubtract I	line 6				
3 Cost of labor	3			from line 5 Enter here	and in I	Part I,				
4a Additional section 263A costs			7	line 2			7	}		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to			Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	d for resale) apply to				
5 Total Add lines 1 through 4b	5			the organization?		_				Х
Schedule C - Rent Income (From Real	Property an	d Per	sonal Property	Leas	ed With Real Pro	per	ty)		
(see instructions)	-									
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2 Rent receiv	ved or accrued								
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	personal	onal property (if the percenta property exceeds 50% or if ad on profit or income)	age	3(a) Deductions directly columns 2(a) a				n		
(1)										
(2)				<u></u>						
(3)										
(4)			-					-		
Total	0.	Total			0.					
c) Total income Add totals of columns 2 nere and on page 1, Part I, line 6, column		nter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•			0.
Schedule E - Unrelated Deb		Income (see	nstruc	ctions)		1				
] _			3 Deductions directly cor			able	
_				Gross income from or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions			
1 Description of debt-fin	anced property			financed property	(2)	(attach schedule)	(D) Other deductions (attach schedule)			3
(1)										
(2)							_			
(3)										
(4)			<u> </u>							
debt on or allocable to debt-financed of or all property (attach schedule) debt-financed		e adjusted basis allocable to anced property h schedule)	6	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 8)		8 Allocabi (column 6 x t 3(a) a		
(1)				%						
(2)				%						
(3)				%						
(4)				%						
						nter here and on page 1, Part I, line 7, column (A)		Enter here an Part I, line 7,		
						^				Λ

Total dividends-received deductions included in column 8