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| • | Exempt Organization Bu (and proxy tax un For calendar year 2018 or other tax year beginning JUL 1 | der se , 20 | ection 6033(e)) 18 , and ending _JU | 140 G N 30, 201 | | 2018 |
|---|---|----------------|---|------------------------|----------------|---|
| partment of the Treasury ernal Revenue Service | ► Go to www.irs.gov/Form990T for ► Do not enter SSN numbers on this form as it m | | | | 5 | pen to Public Inspection for 01(c)(3) Organizations Only |
| Check box if address changed | Name of organization (| D Employ | ver identification number yees' trust, see | | | |
| | Print NORTHEASTERN PENNSYLV. | ΔΝΤΔ | HEALTH CORP |) <u>.</u> | | 3-2421970 |
| Exempt under section X 501(c)(3 6) | or Number, street, and room or suite no. If a P.O. I | | | • | E Unrelat | ed business activity code |
| 408(e) 220(e) | Type 2100 MACK BLVD, 4TH F | | | | (See in: | structions) |
| 408A 530(a) | City or town, state or province, country, and ZIF | | | | 1 | |
| 529(a) | ALLENTOWN, PA 18103 | | | | 6219 | 90 |
| Book value of all assets at end of year | F Group exemption number (See instructions.) | <u> </u> | | | | |
| 189,245,0 | G Check organization type ► X 501(c) c | orporatio | n 501(c) trust | 401(a) | | Other trust |
| Enter the number of the t | rganization's unrelated trades of businesses. | | Describe | the only (or first) ur | | than ana |
| | ► <u>LABORATORY</u> DROP OFF REVER ank space at the end of the previous sentence, complete | | | complete Parts I-V. | | |
| business, then complete l | | railsiai | iu II, complete a schedule | IVI IOI Eacil addition | ai ii auc i | л |
| | he corporation a subsidiary in an affiliated group or a pa | ent-subs | idiary controlled group? | ▶ [| Yes | X No |
| | nd identifying number of the parent corporation. | | | | | |
| | ► THE ORGANIZATION | | Telepho | one number 🕨 4 | | |
| Part I Unrelated | Trade or Business Income | | (A) Income | (B) Expenses | 3 | (C) Net |
| a Gross receipts or sale | | | 101 073 | | | / |
| b Less returns and allow | | 10 | 181,873. 382,443. | • • • | + | / |
| Cost of goods sold (S | • | 3 | -200,570. | | - | <u>-200,570.</u> |
| Gross profit. Subtract a Capital gain net incom | | 4a | -200,370. | | - | 7-200,510. |
| · - | 4797, Part II, line 17) (attach Form 4797) | 4b | - | | 7 | |
| c Capital loss deduction | | 4c | | | | |
| • | partnership or an S corporation (attach statement) | 5 | | | | |
| Rent income (Schedul | • | 6 | | | | |
| Unrelated debt-finance | d income (Schedule E) | 7 | | | | · |
| Interest, annuities, roy | alties, and rents from a controlled organization (Schedule I | 7 8 | | | | |
| | a section 501(c)(7), (9), or (17) organization (Schedule (| · — | | | | |
| • | ity income (Schedule I) | 10 | / | | | |
| Advertising income (S | • | 11 | | • | | |
| • | tructions; attach schedule) | 12 | -200,570. | | -+ | -200,570. |
| | ns Not Taken Elsewhere (See instructions | | · | | | 200,3700 |
| (Except for c | ontributions, deductions must be directly connect | ed with | the unrelated business | income) - 1. | | |
| Compensation of offi | cers, directors, and trustees (Schedule K) | | | | 14 | |
| Salaries and wages | | | | | 15 | |
| Repairs and maintena | ince | | | | 16 | _ |
| Bad debts | RECE | VE | D_{O} | | 17 | |
| Interest (attach schee Taxes and licenses | fule) (see instructions) | \ | TØ | | 18 | |
| Taxes and licenses | ns (See instructions for limitation west) | 2020 | Ω | | 19 | |
| | | | | | 20 | |
| Depreciation (attach Less depreciation cla | med on Schedule A and elsewhere on return GDEN | 1. UT | 22a | | 22b | |
| Depletion | inted of defieddle A and elsewicile of Teldari | | [224] | | 23 | |
| • | rred compensation plans | | | | 24 | |
| Employee benefit pro | | | | | 25 | |
| Excess exempt exper | ses (Schedule I) | | | | 26 | |
| Excess readership co | sts (Schedule J) | | | | 27 | |
| Other deductions (att | • | | | | 28 | |
| | d lines 14 through 28 | | | | 29 | 0. |
| / | xable income before net operating loss deduction. Subtra | act line 2 | | | 30 | -200,570. |
| Uprelated business to | · · · · | | | | | |
| Unfelated business to Deduction for net ope | rating loss arising in tax years beginning on or after Jani | ary 1, 20 |)18 (see instructions) | (2) | 31 | -200 570 |
| Unfelated business to Deduction for net ope Unrelated business to | · · · · | uary 1, 20 | 018 (see instructions) | 3) | 32 | -200,570. Form 990-T (2018) |

| $\overline{}$ | W NORTHEASTERN PENNSYL | | • | 23-242 | 1970 | Page Z |
|-----------------|--|--|-------------------------|---|-----------------------------------|------------------------|
| Part VI; | Total Unrelated Business Taxable | | | - 13×11 J | | |
| 33 ∕. To | tal of unrelated business taxable income computed f | from all unrelated trades or businesses | (see instructions) | * . 12 | 33 | 200,570. |
| 34 Ar | nounts paid for disallowed fringes | | , | | 34 | · |
| 35 De | duction for net operating loss arising in tax years be | ginning before January 1, 2018 (see in | structions) | ' "' ' | 35 | <u> </u> |
| 36 To | tal of unrelated business taxable income before spec | ofic deduction. Subtract line 35 from th | e sum of | , | j | |
| lın | es 33 and 34 | | | . "Z\ | 36 - | 200,570. |
| | ecific deduction (Generally \$1,000, but see line 37 in | structions for exceptions) | | . (3 8) | 3 7 | 1,000. |
| • | related business taxable income. Subtract line 37 | | ne 36. | | | |
| | ter the smaller of zero or line 36 | | | 115 | 36 - | 200,570. |
| | Tax Computation | · · · · · · · · · · · · · · · · · · · | 1 | " 110" | 1 | |
| | ganizations Taxable as Corporations. Multiply line | 38 by 21% (0.21) | 4, , | 1 d (105) | 39 | 0. |
| | usts Taxable at Trust Rates. See instructions for tax | | unt on line 28 fromt | | 23 · | |
| 40 Tr | | • | int on line 36 mont. | | 40 | - |
| 44 8 | | 1041) | | | 40 | |
| | oxy tax. See instructions | | | ′ 🖊 | 41 | |
| | ternative minimum tax (trusts only) | | | | 42 | |
| | x on Noncompliant Facility Income. See instruction | | ., | | 43 | |
| | tal. Add lines 41, 42, and 43 to line 39 or 40, whiche | ever applies | | | 44 | 0 <u>.</u> |
| | Tax and Payments | 1.5 | · · · · · · | <u>, ' </u> | | |
| 45/a Fo | rễign tax credit (corporations attach Form 1118; trus | sts attach Form 1116) | 45a | | 新書 | |
| b Ot | her credits (see instructions) | | 45b | 1, 3 | | , |
| c Ge | eneral business credit. Attach Form 3800 | • | 45c | <u> </u> | 計量 | |
| d Cr | edit for prior year minimum tax (attach Form 8801 o | r 8827) | 45d | | 建建 | |
| e To | tal credits. Add lines 45a through 45d | | | 11 1 1 | 45e | |
| 46 Su | ibtract line 45e from line 44 | | | | G | 0. |
| 47 Ot | her taxes. Check if from: Form 4255 For | rm 8611 🔲 Form 8697 🔲 Form | 8866 Other (| attach schedule) | 47 | |
| | tal tax. Add lines 46 and 47 (see instructions) | | | | 48 | 0. |
| | 18 net 965 tax liability paid from Form 965-A or Form | m 965-B. Part II. column (k), line 2 | | | 49 | 0. |
| | yments: A 2017 overpayment credited to 2018 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 50a | | が成 | |
| | 118 estimated tax payments | • | 500 | | 300 | |
| | x deposited with Form 8868 | | 500 | 9 2 (14) | 基基 | 1 |
| | reign organizations: Tax paid or withheld at source (| eas instructions) | 50d | | F. 7 | |
| | | | 50el | | | |
| | ickup withholding (see instructions) | | 50f 1 | . 7 | ile | |
| | edit for small employer health insurance premiums (| | 30111 | | | |
| g Ot | her credits, adjustments, and payments: Form | | _ | | | |
| L_ | Form 4136 | | ► 50g | | | |
| | tal payments. Add lines 50a through 50g | | | | 51 | |
| | timated tax penalty (see instructions). Check if Form | | , ' | | 52 | |
| | \mathbf{x} due. If line 51 is less than the total of lines 48, 49, | • | | • | 53 | |
| | rerpayment. If line 51 is larger than the total of lines | | | . 105 P | 54 | t |
| | ter the amount of line 54 you want: Credited to 2019 | | | funded ' 📂 | 55 | · |
| Part VI | Statements Regarding Certain Ac | tivities and Other Informa | tion (see instru | ctions) | | |
| 56 At | any time during the 2018 calendar year, did the orga | anization have an interest in or a signat | ure or other authorit | y : | , , | Yes No |
| ov | er a financial account (bank, securities, or other) in a | a foreign country? If "Yes," the organiza | tion may have to file | : | | |
| | CEN Form 114, Report of Foreign Bank and Financia | | | | | |
| | re > | · | 12 | | | X |
| | uring the tax year, did the organization receive a distr | bution from, or was it the grantor of, o | or transferor to, a for | reian trust? | | x |
| | "Yes," see instructions for other forms the organization | • | , | 5 1, | -1 1 " | |
| | iter the amount of tax-exempt interest received or ac | | | | , , , | |
| | Under penalties of perjury, I declare that I have examined this | return, including accompanying schedules and | | | ige and bekef, i | t is true, |
| Sign | correct, and complete Declaration of preparer (other than tax | payer) is based on all information of which prep | parer has any knowledge | ` | - I. I. II | |
| Here | DINA. | 5/12/2020 ASSIS | TANT TREA | SURER L. | ay the IRS discu preparer show | uss this return with |
| | Signature of officer | Date Title | | | structions)? | Yes No |
| | | | Data | | | 103 100 |
| | Print/Type preparer's name | reparer's signature | Date | | FILM | |
| Paid | | | .ad. | self- employed | 1 | |
| Prepare | | | | I | | |
| Use Onl | y Firm's name ▶ | <u></u> , | | Firm's EIN | | |
| | | | | L. ''' | , , | |
| | Firm's address | | | Phone no. | ٠. | |
| 823711 01-09- | 19 | | ' '' | | ¦ Fo | rm 990-T (2018) |
| | | | | , . | · . · | |
| | | | • | . ! } | 1 1 | |
| | | | | • | | |

Page 3

Form 990-T (2018)

| Schedule A - Cost of Good | s Sold. Ente | r method of invent | ory v | aluation N/A | | | | |
|--|--------------------|--|--------|---|-----------|--|-------------------------|---|
| 1 Inventory at beginning of year | 1 | 0. | | Inventory at end of year | ır | | 6 | 0. |
| 2 Purchases | 2 | | 7 | Cost of goods sold. St | ubtract I | ine 6 | 4150 | |
| 3 Cost of labor | 3 | | | from line 5. Enter here | and in F | Part I, | 4.34 1.34 1.34 | |
| 4a Additional section 263A costs | | | | line 2 | | | 7 | 382,443. |
| (attach schedule) | 4a | | 8 | Do the rules of section | 263A (v | with respect to | | Yes No |
| b Other costs (attach schedule) * | * 4b | 382,443. | | property produced or a | cquired | for resale) apply to | | ETAT LANGE |
| 5 Total. Add lines 1 through 4b | 5 | 382,443. | | the organization? | | | | X |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | Per | sonal Property L | ease | d With Real Prop | erty) | _ |
| 1. Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | · <u></u> | | | | | | |
| (4) | | | | | | | | |
| | 2. Rent recen | ved or accrued | | | | | | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) | than | ` ' of rent for pe | rsonal | onal property (if the percente property exceeds 50% or if ad on profit or income) | ge | 3(a) Deductions directly columns 2(a) ar | connecte nd 2(b) (at | ed with the income in tach schedule) |
| (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) | | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | . | 0. |
| Schedule E - Unrelated Det | ot-Financed | Income (see) | nstru | ctions) | <u> </u> | · | | |
| | | | , | . Gross income from | | Deductions directly cont to debt-finance | | |
| 1. Description of debt-fi | nanced property | | - | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deductions (attach schedule) |
| (1) | | | | | | | | |
| (2) | | | | | | | | - |
| (3) | | | | - | | . | | |
| (4) | | - | | | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule) | of or debt-fine | 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) | (c | 8. Allocable deductions olumn 6 x total of columns 3(a) and 3(b)) |
| (1) | | | | _ % | | | | |
| (2) | | | | % | | | | |
| (3) | | | | % | | | | |
| (4) | | | | % | | | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A) | | nter here and on page 1, Part I, line 7, column (B) |
| Totals | | | | • | | 0 | . | 0. |
| Total dividends-received deductions | ncluded in colum | n 8 | | | | | | 0. |

SEE STATEMENT 2

| | ule F - Interest, F | - Intartico, | i toyaltic | | | | | | (see ins | in doction. | |
|------------|--------------------------------------|---|----------------------------------|---|---|---|---|--------------------------------------|----------------------------------|-------------|---|
| | | | 0 | | Controlled O | <u> </u> | al of specified | 5 Port | of column 4 | that is | 6. Deductions directly |
| 1. | Name of controlled organizat | ion | 2. Emplo identificat numbe | tion (loss) (se | related income e instructions) | | aj or specified nents made | include | d in the contr tion's gross i | olling | connected with income in column 5 |
| (1) | - | | | | | | | | | | |
| (2) | • | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Nonexer | mpt Controlled Organi | zations | | | | | | | | | |
| 7 | Taxable Income | 8. Net unrel (see : | ated income (nstructions) | (loss) 9. Tota | l of specified payr made | nents | 10. Part of coluin the controllingross | mn 9 that i ng organi s income | is included zation's | | ductions directly connected income in column 10 |
| (1) | | | _ | | | Î | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | - | | | | | Add colum Enter here and line 8, c | | 1, Part I, | Enter h | d columns 6 and 11 ere and on page 1, Part I, line 8, column (B) |
| Totals | | | | | | ▶ | | | 0. | | 0. |
| | ule G - Investme | nt Income | of a Se | ction 501(c)(| 7), (9), or (| 17) Org | anization | | • | | - - |
| | (see insti | | | | | | | | | | |
| | 1. Desc | ription of income | | | 2. Amount of | income | 3. Deduction directly connected (attach schedu | cted | 4. Set- | | 5. Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | ļ | | _ | | | | |
| | | | | | Enter here and o Part I, line 9, co | | • | • | | | Enter here and on page 1 Part I, line 9, column (B) |
| Totals | <u> </u> | | | <u> </u> | | 0.] | | | | | 0. |
| Sched | lule I - Exploited (see instru | - | ctivity ir | ncome, Other | Than Adv | ertisin | g Income | | | | |
| | 1. Description of exploited activity | 2. Gros unrelated bus income fro trade or busi | iness om | 3. Expenses directly connected with production of unrelated business income | 4. Net incomfrom unrelated business (cominus columi gain, compute through | trade or lumn 2 n 3) If a a cols 5 | 5. Gross inco from activity t is not unrelat business inco | hat ed | 6. Exp attributi colur | able to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| | | Enter here ar page 1, Pa line 10, col | rt I, (A) | Enter here and on page 1, Part I, line 10, col (B) | | | • | | | | Enter here and on page 1, Part II, line 26 |
| Totals | <u> </u> | l | 0.1 | 0. | J | | | | | _ | 0. |
| Part I | lule J - Advertisir Income From I | | | | solidated | Basis | | | | | · |
| | | 1 | | | Т, | | T | Т | | | 7 |
| | 1. Name of periodical | ad | . Gross vertising ncome | 3. Direct advertising costs | or (losa) (co | ain, compute | 5. Circulat | | 6. Reade cost | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | | |
| (2) | | 1 | | | 7 | | | | | | |
| (3) | | | | | \neg | | | | | | • |
| (4) | | | | | | | | | | | |
| | | | | | | | | | | | |
| Totals (ca | arry to Part II, line (5)) | > | 0 | . 0 | | | <u> </u> | | | | 0. Form 990-T (2018 |

Form 990-T (2018) NORTHEASTERN PENNSYLVANIA HEALTH CORP. 23-24219
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.)

| Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 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) | | | | | | |
| Totals from Part I | 0. | 0. | | • • | 4 - | 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) | 0. | 0. | | | | 0. |
| Schedule K - Compensation | of Officers, D | Directors, and | Trustees (see ins | structions) | | |

| 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 | NET | OPERATING LOSS D | DEDUCTION | STATEMENT 1 |
|------------|--------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 06/30/15 | 116,269. | 60,591. | 55,678. | 55,678. |
| 06/30/16 | 144,962. | 0. | 144,962. | 144,962. |
| 06/30/17 | 159,280. | 0. | 159,280. | 159,280. |
| NOL CARRYO | VER AVAILABLE THIS | YEAR | 359,920. | 359,920. |

| FORM 990-T COST OF GOODS SOLD - OTHER COSTS | STATEMENT 2 |
|---|---------------------|
| DESCRIPTION | AMOUNT |
| RATIO OF COST TO CHARGES BAD DEBT PERCENTAGE OF GROSS REVENUE | 313,017. 69,426. |
| TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B | 382,443. |