_т 990-Т	Exempt Organization (and proxy ta	n Bus ax un	siness Income der section 6033(Fax Retur e)) 19 <i>(</i>) (o	n j	3 4 8 4 8 0 4 9 OMB No 1545-0687
	For calendar year 2018 or other tax year beg				<u>19</u> .	2018
artment of the Treasury	► Go to www.irs.gov/Form99	9 <i>0T</i> for i	nstructions and the latest	information.		
mal Revenue Service	▶ Do not enter SSN numbers on this form	n as it ma	y be made public if your orga	nization is a 501(c		Open to Public Inspection for 501(c)(3) Organizations Only
Check box if address changed	Name of organization (Check	box if na	me changed and see instruction	s.)		yer identification number yees' trust, see instructions)
exempt under section	BEN FRANKLIN TECHN	OLOGY	PARTNERS NE PA			
501(C)(<u>123</u>)	Print Number, street, and room or suite no				23-25	517422
408(e) 220(e)	or			Ì		ated business activity code
408A 530(a)	Type 116 RESEARCH DRIVE	, PLA	ZA LEVEL		(See in:	structions)
529(a)	City or town, state or province, cour	ntry, and 2	ZIP or foreign postal code			
ook value of all assets t end of year	BETHLEHEM, PA 1801	5-473	1		52599	90
•	F Group exemption number (See instru				ı	
	G Check organization type ► X 50		·		401(a)	
	the organization's unrelated trades or busin	nesses			•	(or first) unrelated
trade or business he	-			•		than one, describe the
•	ce at the end of the previous sentence, c	complete	Parts I and II, complete a S	cnedule M for eac	n addition	nai
	en complete Parts III-V	filiated a	roup or a parent aubordion.	controlled group?		▶ Yes X No
-	was the corporation a subsidiary in an afame and identifying number of the parent of	_	• •	ondoneu group/.	• • • •	► LI IS LA NO
	e of NATHY ANN MINNICH	ou pui all'		e number ▶ 610	D-758-	-5230
	Trade or Business Income		(A) Income	(B) Expens		(C) Net
Gross receipts or	· 1		, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		, , ==
Less returns and allow		▶ 1c				1
	d (Schedule A, line 7)	. 2				
Gross profit Sub	tract line 2 from line 1c	. 3				
Capital gain net i	ncome (attach Schedule D)	. 4a				
Net gain (loss) (Fo	rm 4797, Part II, line 17) (attach Form 4797)	. 4b				
Capital loss dedu	ction for trusts	. 4c				
	artnership or an S corporation (attach statement)	· —	22,398.	ATCH 2		22,398
Rent income (Sch	edule C)					
	nanced income (Schedule E)	·				
•	alties, and rents from a controlled organization (Schedule	·				
	section 501(c)(7), (9), or (17) organization (Schedule (·				
	activity income (Schedule I)					
	re (Schedule J)	. 11	-			
	ee instructions, attach schedule)		22,398.	• • • • • • • • • • • • • • • • • • • •		22,398
rt I Deductio	ns Not Taken Elsewhere (See ins	structio		eductions) (F	ycent fo	
	s must be directly connected with			, ,	.xoopt ii	or contributions,
	officers, directors, and trustees (Schedule I				. 14	
Salaries and wage	s		ם ו	WED.	. 15	
Repairs and main	tenance			<u> </u>	. 16	-
Bad debts			<u> </u> 8	2 2000	. 17	
Interest (attach s	chedule) (see instructions)		WAI Z		. 18	
Taxes and license	2		1 L.		. 19	21
Charitable contril	outions (See instructions for limitation rules)	<u>L. 00</u> DE)	<u>u, U</u> Ţ. ; <u>, </u>	. 20	
Depreciation (atta	ich Form 4562)		21	47900.		
	claimed on Schedule A and elsewhere on				22b	4,980
	eferred compensation plans					-
Employee hences	programs					
	costs (Schedule J)					
Excess exempt ex				_		8,995
Excess exempt ex Excess readership			<i></i>		70 29	13,996
Excess exempt ex Excess readership Other deductions	(attach schedule)			n	1/1/10	
Excess exempt ex Excess readership Other deductions Total deductions.	(attach schedule)				70 29 3 3n	
Excess exempt ex Excess readership Other deductions Total deductions. Unrelated busine	(attach schedule)	g loss	deduction Subtract line	29 from line 13	3 30	8,402
Excess exempt ex Excess readership Other deductions Total deductions. Unrelated busine Deduction for net	(attach schedule)	g loss	deduction Subtract line or after January 1, 2018 (see	29 from line 13	3 30	

Form	99ŷ-T (2018)	Page 2
Par	t III Total Unrelated Business Taxable Income	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
	instructions)	8,402.
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 8,402.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	
	of lines 33 and 34	36
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37
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	38 0.
Par	t IV Tax Computation	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on	
	the amount on line 38 from. Tax rate schedule or Schedule D (Form 1041)	40
44		
41	Proxy tax. See instructions	
42 43	Tax on Noncompliant Facility Income. See instructions	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	2
Par		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	
	Other credits (see instructions)	1 1
	General business credit. Attach Form 3800 (see instructions)	1 []
4	Credit for prior year minimum tax (attach Form 8801 or 8827)	1 !
	Total credits. Add lines 45a through 45d	45e
46	Subtract line 45e from line 44	46
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	H
48	Total tax. Add lines 46 and 47 (see instructions)	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	
	Payments A 2017 overpayment credited to 2018	
	2018 estimated tax payments · · · · · · · · · · · · · · · · · · ·	1 1 1
	Tax deposited with Form 8868	1 📗
	Foreign organizations: Tax paid or withheld at source (see instructions)	1 1 1
u	Backup withholding (see instructions)	1 1 1
	Credit for small employer health insurance premiums (attach Form 8941)	1 1 1
	Other credits, adjustments, and payments Form 2439	1 1 1
9	Form 4136 Other Total > 50g	1
51	Total payments. Add lines 50a through 50g	51
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
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54
55	Enter the amount of line 54 you want	55
Par		s)
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ay have to file
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country
	here ▶	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	ign trust? X
	If "Yes," see instructions for other forms the organization may have to file.	
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	
	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the titue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my knowledge and belief, it is
Sig		by the IRS discuss this return
Her	e P 1 CTU CMU I MUCH CHO 5 111 JUD VICTO WIT	th the preparer shown below
		e instructions)? X Yes No
Paid	Print/Type preparer's name Preparer's signature Date Check	
	DATE DENTETT Self-e	employed P01787029
-	Firm's name FRICEWATERHOOSECOOPE SALE LIFE	SEIN ► 13-4008324
	Firm's address ► 2001 MARKET ST, SUITE 1800, PHILADELPHIA, PA 19103 Phone	e no 267-330-3000

Form 990-T (2018)

Total dividends-received deductions included in column 8

Page 4

Schedule F-Interest, Annu	uities, Royalties							ti ons (see	e instruction	ons)			
		E	kemi	ot Co	ntrolled Org	ganizatio	ons						
Name of controlled organization	2. Employer identification numb				ated income nstructions)		of specific	included in the cor		trolling		. Deductions directly nnected with income in column 5	
(1)			-									*******	
(2)											T		
(3)													
(4)													
Nonexempt Controlled Organiz	zations												
7. Taxable Income	8. Net unrelated in (loss) (see instruct				Total of specific ayments made		ınclu				nnec	eductions directly cted with income in column 10	
(1)													
(2)		-											
(3)		-											
(4)		•											
Totals		 tion 50)1(c	<u>. </u>	 (9), or (17	▶) Orga	Ente Part	I columns 5 ar here and on I, line 8, columns 6 mg/l (see ins	page 1, mn (A)	En	iter h	olumns 6 and 11 ere and on page 1, line 8, column (B)	
1. Description of income	2. Amount of	ıncome			3. Deduction directly cor (attach sch	nected		4. Set-asides (attach schedule)			5. Total deductions and set-asides (col 3 plus col 4)		
(1)				<u> </u>									
(2)													
(3)													
(4)	Enter here and											er here and on page 1,	
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, co	come, (pense		4. Net incon	ne (loss)			ictions)			7. Excess exempt	
1. Description of exploited activity	unrelated business income from trade or business	connec produ	ction elated	of	or business 2 minus col If a gain, or cols 5 thro	ùmn 3) ompute	from a	Gross income from activity that is not unrelated business income Column Column Column		able to		expenses (column 6 minus column 5, but not more than column 4)	
(1)									·				
(2)													
(3)	"												
(4)													
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter he page 1 line 10	1, Par	t I,								Enter here and on page 1, Part II, line 26.	
Schedule J-Advertising Ir	come (see instri	uctions)			·	-		-					
Part I Income From Per	iodicals Report	ed on a	Co	nsol	idated Bas	sis							
	<u> </u>											7. Excess readership	
1. Name of periodical	2. Gross advertising income	3. C advertis	Oirect sing c		4. Adverting gain or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If npute		irculation come	6. Read	•	}	costs (column 6 minus column 5, but not more than column 4)	
(1)													
(2)]								
(3)]								
(4)					1								
Totals (carry to Part II, line (5))													

Form **990-T** (2018)

Totals, Part II (lines 1-5) . .

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership costs (column 6 gain or (loss) (col 2. Gross 3. Direct 5. Circulation 6. Readership minus column 5, but advertising 2 minus col 3) If 1. Name of periodical costs advertising costs ıncome a gain, compute not more than ıncome cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B)

	Schedule K -	 Compensation of 	Officers, Directo	ors, and Ti	rustees (s	<u>ee instructio</u>	ns)
--	--------------	-------------------------------------	-------------------	-------------	------------	----------------------	-----

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			

Form 990-T (2018)

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Attachment Sequence No

Department of the Treasury Internal Revenue Service Name(s) shown on return

BEN FRANKLIN TECHNOLOGY PARTNERS NE PA

Identifying number 23-2517422

		activity to which this form relates									
_G	ENE!	RAL DEPRECIATION	<u> </u>								
Pa	rt I					you com	nple	te Part I.			
1										1	
2	Total o	cost of section 179 property pla	iced in service (see in	structions)						2	
3	Threst	hold cost of section 179 proper	ty before reduction ii	n limitation (se	e instructio	ns)				3	
4 5	Reduc	ction in limitation. Subtract line	3 from line 2. If zero o	or less, enter -(·					4	
	separate								· · ·	ــــــــــــــــــــــــــــــــــــــ	
-6		(a) Description	or property		(b) Cost (b)	isiness use o	only)	(c) Elect	ed cost		
											
_	1:-44		1: 00				_+				-
7										г_	-
8											
9 10	Carpu	over of disallowed deduction from	rolline 5 of line 6.		• • • • •	• • • • •		• • • • • •	• • •		
11											
12				-		•			-		
										12	
							13				<u> </u>
						on't inclu	de lis	sted propert	v Se	e inst	ructions)
				<u>-</u>	•			<u>.</u>	•	1	
• •		•								44	
15											
16	Other	depreciation (including ACRS)					 				
Pa	rt III	MACRS Depreciation (D	on't include listed	property Se	ee instruc	tions.)			• • •		
				·		,			**		.
17	MACR	S deductions for assets placed	I ın service in tax vea	rs beginning b	efore 2018					17	
		-	•								
			·	-	-					•	
									reciat	ion S	ystem
	(a)	Classification of property	(b) Month and year placed in service	(business/inve	estment use	(d) Recover period	ry (e	e) Convention	(f) Me	ethod	(g) Depreciation deduction
19a	3-yea	ar property									
b	5-yea	ar property			•						
С	7-yea	ar property									
d	10-yea	ar property	·								
е	15-yea	ar property									
f	20-yea	ar property	·								
g	25-yea	ar property	_			25 yrs			S	/L	
h	Reside	ential rental				27 5 yrs		MM	S	/L	
	proper	ty				27.5 yrs	\perp	MM	S	/L	
i	Nonre	sidential real				39 yrs.	\perp	MM			
	proper	<u> </u>	Certain Property Under Section 179 listed property, complete Part V before you complete Part V listed property, complete Part V before you complete Part V listed property, complete Part V before you complete Part V listed in service (see instructions)								
			aced in Service D	uring 2018	Tax Year	Using the	Alte	ernative De	i —		System
	Class I						1		Si	'L	
	12-yea						4_				
	30-yea						\bot				
	40-yea					40 yrs	<u> </u>	MM	S	L	
		Summary (See instruction									
		property Enter amount from lin								21	
23	nere ar For as	nd on the appropriate lines of your sets shown above and place	our return. Partnershij d. in. service, during	os and Sicorpo the current	orations - se vear ente	ee instructi			<u></u> J	22	
	portion	of the basis attributable to sec	tion 263A costs		,	2	3				

_	•											23	-2517	422	_
	n 4562 (2018) art V Listed Pro	operty (Include	automohi	les	certain	oth	er vel	hicles	s, certa	ın aırı	craft	and	propei	tv ue	Page 2 ed fo
Γć		ent, recreation, o			oci talli	, Jul	Ci VCI	HOICS	o, ocila	aii	orait,	and	hiohei	.y us	JU 10
	Note: For a	ny vehicle for wh	ich you are	using						ucting	lease e	expense	e, comp	lete or	ı ly 24a
	•	s (a) through (c) o			_										
		Depreciation and			_		- $ -$								
248	Do you have evidence	e to support the bus		nt use	claimed?	<u> </u>	es [No	24b f "Y	'es," is t	he evide	nce writt	en?	Yes	No
	(a)	(b)	(c) Business/		(d)	Ba	(e) sis for depn	eciation	(f)		3)	l .	h)	1	(i)
	Type of property (list vehicles first)	Date placed in service	investment use	Cost	or other ba		ısıness/inve	stment	Recovery	Meti Conve			eciation uction	1	section 179 ost
	<u> </u>		percentage	L			use only		L					ļ	
25	Special depreciation											1			
20	the tax year and us					e See	Instruct	ions			. 25	<u> </u>		J	
26	Property used mor	re than 50% in a q			<u>e </u>							T		1	
			%									<u> </u>			- -
			%									<u> </u>			
27	Property used 50%	/ or loss in a qualif	ind business i				_		<u> </u>			<u> </u>		J	
21	Froperty used 507	o or less in a qualif	w was the same same same same same same same sam	1					i	S/L -		1		1	
			% %		-					S/L -		-		ł	
			% %			+				S/L -		1		1	
	Add	luma (h) luma 25		1	hara an	I	nn 24 m	1	<u> </u>		100	1		1	
	Add amounts in co											L	20	-	
	Add amounts in co	numm (1), mie 20 L	Section							• • • •	· · · ·	• • • •	. 29		
Car	mplete this section fo	or vahiolog ugad hv								r" or re	alated r	oreon	lf you n	royudad	vehicles
	our employees, first an	•									-			TOVIGEG	Vernicies
		•			a)		b)	i i	(c)	(0			e)	1 (f)
~~	T-4-1 b	4414		Vehi		•	ide 2	V€	ehide 3	Vehi	•	1 '	ide 5		ıde 6
30	Total business/inve														
21	Total commuting m														
	• •		mmuting)									i			
JŁ	miles driven	·	,,,,,,,,					ŀ							
22	Total miles drive		ear Add		+										
-	lines 30 through 3		car. Add												
34	Was the vehicle		nersonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
•	use during off-duty														
35	Was the vehicle											1			
	than 5% owner or r														1
36	Is another vehic														
	use?		· I		i		ſ					İ			1
		ction C - Question		love	rs Who	Provi	ide Vel	icles	for Use	by The	eir Em	plove	es		
Ans	swer these question													who a	ren't
	re than 5% owners o				•										
37	Do you maintain	a written policy s	statement that	at pro	ohibits a	ıll per	sonal u	se of	vehicles	ınclud	ing co	mmutir	ıg, bv	Yes	No
	your employees?														
38	Do you maintain	a written policy s	statement the	at pro	ohibits p	person	al use	of ve	hicles, e	cept c	ommul	ting, by	your		ł
	employees? See th					office	rs, direc	tors, e	or 1% or i	nore ov	vners				
	Do you treat all use														
40	Do you provide m					, obta	ın ınfor	matio	n from y	our en	ployee	es abou	ut the		
	use of the vehicles,													<u> </u>	
41	Do you meet the re														L
_	Note: If your answ		10, or 41 is "Y	es," d	lon't con	nplete	Section	B for	the cove	red veh	icles				
Pa	rt VI Amortizat	ion								- 1					
	(a)		(b)			(c)			(d)		(e Amorti:			(f)	
	Description of	of costs	Date amortiza begins	ation	Amo		amount	j	Code sec	tion	perio		Amortiza	ition for th	ııs year
4.0	A	-A- AL-A !	1		<u> </u>						percer	ntage			
42	Amortization of cos	sts that begins dur	ing your 2018	tax	year (see	e instri	uctions)	1	· ···						
								_							
		-4			L										4 1200
	Amortization of cos											43			4,980
44	Total. Add amount	ts in column (t). Se	ee the instruc	tions	tor whe	re to re	eport .			• • • •		44			4,980

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

INVESTMENTS IN PARTNERSHIPS THAT GENERATE UNRELATED BUSINESS INCOME

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

INCOME (LOSS) FROM PARTNERSHIPS

22,398.

INCOME (LOSS) FROM PARTNERSHIPS

22,398.

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES

8,995.

PART II - LINE 28 - OTHER DEDUCTIONS

8,995.

BEN FRANKLIN TECHNOLOGY PARTNERS OF NORTHEASTERN PENNSYLVANIA

FEIN: 23-2517422

NOL CARRYFORWARD SCHEDULE FOR THE YEAR ENDED: 6/30/2019

FORM 990-T, PART II, LINE 31

NET OPERATING LOSS DEDUCTION

Year		mount vailable	A	mount Released in Previous Tax Years	Amount Released in the Current Tax Year			Amount Carried to Next Year
6/30/2014	\$	49,444	\$	-	\$	8,402	\$	41,042
6/30/2015		24		-		-		24
6/30/2016		18,598		-		~		18,598
6/30/2017		6,528		-		-		6,528
6/30/2018		52,301		-		-		52,301
NET OPERA	FING I	LOSS CAF	RRY	FORWARD TO 0	6/30	/2020	\$	118,493