Form	990-T	Ex	empt Organization	Bus	iness Income	Tax Retur	n	OMB No 1545-0687	
	(and proxy tax under section 6033(e)) [906] For calendar year 2018 or other tax year beginning $07/01$, 2018, and ending $06/30$, 20 19							<u> </u>	
D	most of the Transcer.	<u></u> ا	<u> </u>						
	artiment of the Treasury nal Revenue Service 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 S01(c)(3) Organizations Only								
A	Check box if Name of organization (Check box if name changed and see instructions) D Employer identification number								
_	address changed (Employees trust see instructions)								
B Exe	Exempt under section CENTRE COUNTY CANCER CENTER								
X	501(C)(03)	80-08	366636						
	Of E Unrelated business activity code								
	408(e)								
	529(a)		City or town, state or province, country	y, and 2	IP or foreign postal code				
	ok value of all assets	ĺ	STATE COLLEGE, PA 1	6803					
at e	end of year	F Gro	up exemption number (See instructi	ons) l	>				
	5,374,776.	G Che	ck organization type ► X 501	(c) co	poration 501(c) trust	401(a)	trust Other trust	
H E	nter the number of	the orga	nızatıon's unrelated trades or busine	sses	-	Describe	the only	(or first) unrelated	
tra	ade or business her	e ▶ <u>A</u>	rch 1		If only one,	complete Parts I-	V If more	than one, describe the	
fır	st in the blank spa	ce at the	end of the previous sentence, cor	nplete	Parts I and II, complete a S	chedule M for eac	h addition	nal	
tra	ade or business, the	en comple	ete Parts III-V						
I D	uring the tax year,	was the	corporation a subsidiary in an affili	ated gi	oup or a parent-subsidiary of	controlled group?		▶ Yes X No	
			identifying number of the parent coi	poration					
J TI	ne books are in care	e of ▶BR	YAN ROACH		Telephor	e number ▶ 81	4-234-	6148	
Par	ti Unrelated	Trade o	or Business Income		(A) Income	(B) Expen	ses	(C) Net	
1 a	Gross receipts or s	sales							
þ	Less returns and allowa		c Balance ▶						
2			ule A, line 7)	2					
3	•		2 from line 1c	3			_/_		
4a			ttach Schedule D)	4a					
b			Part II, line 17) (attach Form 4797)	4b				Property and Control of the State of the Sta	
С			rusts	4c			av levises	TO SEE OF SEE OF SEE	
5	· · · · · · · · · · · · · · · · · · ·		an S corporation (attach statement)	5				S. C.	
6	· ·			6			8	MAY 0 1 2020 6	
7			come (Schedule E)	7			18	MAI 0 1 Z0Z0 0	
8	•		nts from a controlled organization (Schedule F)		/		-	OGDEN, UT	
9			1(c)(7) (9) or (17) organization (Schedule G)	9 10 ·	_/		<u> </u>	(ACIOCATA) W	
10		_	ncome (Schedule I)	11	_/				
11 12			tions, attach schedule)	12	/				
13	•		ough 12	13	0.				
			Taken Elsewhere (See instr			leductions) (F	xcept fo	or contributions.	
· ui			be directly connected with the						
14			directors, and trustees (Schedule K)				. 14		
15									
16	Repairs and main	tenance					. 16		
17									
18	Interest (attach se	chedule) (see instructions)				. 18		
19			/					/	
20			See instructions for limitation rules)						
21	Depreciation (atta	ach Form	<i>4</i> 562)		21				
22			on Schedule A and elsewhere on re						
23	Depletion	/					. 23		
24	Contributions to	jeferred d	compensation plans				. 24		
25									
26	Excess exempt ex	penses (S	Schedule I)				. 26		
27			chedule J)						
28			chedule)						
29	Total deductions	Add line	s 14 through 28				. 29		
30	Unrelated busine	ss taxab	le income before net operating	loss	deduction Subtract line	29 from line 1	3 30		
31	Deduction for net	operatin	g loss arising in tax years beginnin	g on o	r after January 1, 2018 (see	instructions)	. 31	1	
32			e income Subtract line 31 from line	-					
For F			otice, see instructions.					Form 990-T (2018)	

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Pai	t III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1		
	instructions)	33		_
34	Amounts paid for disallowed fringes	34		_
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	$\perp I \perp$		
	instructions),	35		
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		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	38		0.
Pai	t IV Tax Computation	7		
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		
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			
_	t V Tax and Payments	1 44 1		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			
	Other credits (see instructions)	1		
	General business credit Attach Form 3800 (see instructions)	1		
4	Credit for prior year minimum tax (attach Form 8801 or 8827)	1		
u	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).			
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	1 1		
	Payments A 2017 overpayment credited to 2018	13		
	2018 estimated tax payments	1		
	500	i		
G		1		
d	Backup withholding (see instructions)	1		
	Credit for small employer health insurance premiums (attach Form 8941) 50f	1		
	Other credits, adjustments, and payments Form 2439	1		
9	Form 4136 Other Total ► Total ►			
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 Credited to 2019 estimated tax Refunded			
	t VI Statements Regarding Certain Activities and Other Information (see instruction			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	•	uthority Y	es No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		, ⊢	1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	-	i i	
	here >			$-\frac{1}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	una taust?		X
31		gir trustr.	· · · ·	-
58	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 > \$			
	Under penalties of penjury I declare that I have examined this return including accompanying schedules and statements and to the t	est of my	knowledge and	belief it is
Sig	true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	15 - 15	O alia : ::	
Her			S discuss thi reparer showi	
• •			s) ² X Yes	No
-	Print/Type preparer's name Prepared signature Date		PTIN	لستندي
Paid	1 DATE DATE ON 120/2020 CHIEF	k L if employed	P00422	601
	Darer Firm's name BKD, LLP		4-01602	
Use	Only	eno 417		
	1		Form 990	
JSA				, ,

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Schedule A - Cost of Go	ods Sold. En	iter method	d of invento							
1 Inventory at beginning of year	Inventory at beginning of year . 1			6 Inventory	at end of yea	ar	6			
2 Purchases				7 Cost of	goods so	ld Subtract line				
3 Cost of labor	of labor				ine 5 En					
4a Additional section 263A co	sts			Part I, line	2		7			
(attach schedule)	4a			8 Do the	rules of	section 263A (w	ith respect	to Yes	No	
b Other costs (attach schedul	b Other costs (attach schedule) . 4b				property produced or acquired for resale) apply					
5 Total. Add lines 1 through]	to the orga	anization?.			<u></u>		
Schedule C - Rent Income	(From Real P	roperty a	nd Persor	nal Property	Leased V	Vith Real Proper	ty)			
(see instructions)										
Description of property		_								
(1)										
(2)										
(3)										
(4)										
	2 Rent recei	ved or accrue	ed							
for personal property is more than 10% but not percentage of rent for			age of rent for				directly connected with the income 2(a) and 2(b) (attach schedule)			
(1)						-				
(2)										
(3)										
(4)										
Total		Total								
(c) Total income. Add totals of co	olumns 2(a) and 2(b) Enter				(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6,	column (A)	▶				Part I, line 6, colum				
Schedule E - Unrelated De	ebt-Financed li	ncome (se	e instruction	ons)						
			2 Gross	ncome from or	3 [Deductions directly con debt-finance		ocable to		
1 Description of deb	t-financed property			o debt-financed	(a) Straigh	nt line depreciation	(b) Other	deductions		
			pr	operty) (atťa	ch schedule)	(attach s	chedule)		
(1)										
(2)								<u>-</u>		
(3)										
(4)										
acquisition debt on or or or allocable to			Column divided olumn 5	7 Gross income reportable (column 2 x column 6) 8 Allocable (column 6 x to 3(a) and		tal of colum				
(1)				%						
(2)				%			-			
(3)				%						
(4)				%						
						e and on page 1, e 7, column (A)	Enter here a Part I, line 7			
Totals	ons included in co	olumn 8					. .			

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Schedule F—Interest, Anni	unics, noyanic			Controlled Or			cations (s	ee mstructi	0115)		
Name of controlled organization	2 Employer identification numb	per		nrelated income see instructions)			fied includ	Part of column 4 that is cluded in the controlling lanization's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)			•								
(3)											
(4)									_		
Nonexempt Controlled Organiz	zations					,					
7 Taxable Income	8 Net unrelated in (loss) (see instruc			9 Total of specifi payments made		ind	Part of colu duded in the anization's gi	controlling		Deductions directly nected with income in column 10	
(1)			<u> </u>								
(2)							<u></u>				
(3)			<u> </u>								
(4)											
•						Er	dd columns iter here and art I, line 8, ci	on page 1,	En	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
Totals	ncome of a Sec	 ction 50)1(c)(7), (9), or (17	<u></u> ► ') Orga	 nizati	on (see ii	nstructions)			
1 Description of income	2 Amount of	fincome		3 Deduction of the directly contact (attach sch	nnected			Set-asides ch schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)											
	Enter here and Part I, line 9, c									Enter here and on page 1 Part I, line 9, column (B)	
Schedule I - Exploited Exe	empt Activity In	come, (Other	Than Advert	ising Ir	com	see inst	ructions)		· · · · · · · · · · · · · · · · · · ·	
Description of exploited activity /	2 Gross unrelated business income from trade or business	dır conne produ unr	penses ectly cted with action of elated ss incom	If a gain, c	ted tradé (column lumn 3) ompute	5 Gross income		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)										· · · · · · · · · · · · · · · · · · ·	
(2)		-				-					
(3)										,	
(4)									•		
	Enter here and on page 1, Part I, line 10, col (A)	page	ere and o 1, Part I, I, col (B)					Enter here and on page 1, Part II, kne 26			
Totals ▶ Schedule J- Advertising In	ICOMe (see instr	uctions)									
Part I Income From Per			Cons	solidated Rad	sis						
income i form ex	louicuis Report	cu on e	1 0011	4 Adver					-	7 Excess readership	
1 Name of periodical	2 Gross advertising income		Direct sing cost	gain or (los s 2 minus co a gain, co cols 5 thro	ol 3) If mpute	5 Circulation 6 Readers costs			costs (column 6 minus column 5, but not more than column 4)		
(1)											
(2)											
(3)]	
(4)											
Totals (carry to Part II, line (5))											
·										Form 990-T (2018	

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)		-				
(4)						
Totals from Part I ▶						
•	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) ▶						,

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

1 Nar	ne .	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)			%	
(2)		-	%	
(3)		τ	%	
(4)			%	,
Total Enter here and on page	ge 1, Part II, line 14			

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ATTACHMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.