

990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0087

2018

For calendar year 2018 or other tax year beginning and ending

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)

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

NORTHEAST REGIONAL CANCER INSTITUTE

23-2662214

Number, street, and room or suite no. If a P.O. box, see instructions.

334 JEFFERSON AVENUE

E Unrelated business activity code (See instructions)

City or town, state or province, country, and ZIP or foreign postal code

SCRANTON, PA 18510

C Book value of all assets at end of year

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of KAREN M. SAUNDERS, PRESIDENT Telephone number (570) 941-7984

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

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)

Table with 2 columns: Description (lines 14-32), Amount. Includes a RECEIVED stamp dated MAR 10 2020 from OGDEN, UT.

SCANNED JUN 1 1 2020

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Line 36: 1,000. Line 37: 30 (handwritten), 1,000. Line 38: 0.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Line 39: 0. Line 44: 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Line 45a-45d: Credits. Line 46: 0. Line 47: 0. Line 48: 0. Line 49: 0. Line 50a-50f: Payments. Line 50g: 126. Line 51: 126. Line 52: 0. Line 53: 0. Line 54: 126. Line 55: 126.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No columns. Questions 56, 57, and 58.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: Mary Ann Novak, Date: 2/26/20, Title: PRESIDENT

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

FORM 990-T

OTHER CREDITS AND PAYMENTS

STATEMENT 1

DESCRIPTION

AMOUNT

AMOUNT PAID WITH ORIGINAL RETURN

126.

TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G

126.

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2018 AMENDED 990-T

Changes from originally filed return due to repeal of Section 512(a)(7)

	<u>As filed</u>	<u>As amended</u>
Line 34	1,600	0
Line 48	126	0