

Form 990-N (e-Postcard) Summary
(THIS IS NOT A FILEABLE FORM - FOR REVIEW PURPOSES ONLY**)**

Tax period beginning 07/01/2017 and ending 06/30/2018

Organization's legal name

Employer ID number

PATIENT ENGAGEMENT COUNCIL

81-3053323

Other names used by organization (DBA)

Number and street (or P.O. box, if applicable)

Room/Suite

Telephone number

111 N. WASHINGTON AVE, 1ST FLOOR

570-343-2383

City or town, state or country and ZIP + 4

SCRANTON, PA 18503

Web address, if applicable _____

Check if organization is not a 509(a)(3) supporting organization and its gross receipts meets limits for the tax year

Check if organization is terminating (going out of business)

Information regarding principal officer:

Name

SUZANNE M. FLETCHER, CPA

Street address

111 N. WASHINGTON AVE, 1ST FLOOR

City, state or country and ZIP + 4

SCRANTON, PA 18503