

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

Tax period beginning 07/01/2019 and ending 06/30/2020

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

RONALD DANIELS

Street address

111 N. WASHINGTON AVE, 1ST FLOOR

City, state or country and ZIP + 4

SCRANTON, PA 18503

Product: **Exempt**
 Name: **PATIENT ENGAGEMENT
 COUNCIL**
 FEIN: *******3323**

Category:

IRS Center: **Ogden**
 e-Postmark: **10/20/2020 9:47 AM**

Notification:

Fiscal Year Begin Date: **7/1/2019**

Fiscal Year End Date: **6/30/2020**

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
10/19/2020	19X:813053323:V1	Upload Started			Petercsak, Catherine	
10/19/2020	19X:813053323:V1	Ready to Release by Customer				
10/20/2020	19X:813053323:V1	Released for Transmission - Validation in Progress			Califra, Kim	
10/20/2020	19X:813053323:V1	Ready to transmit - Validation Complete				
10/20/2020	19X:813053323:V1	Transmitted to FD	2435472020294032de46			
10/20/2020	19X:813053323:V1	Accepted by FD on 10/20/2020				