

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

2015

For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

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.) TREATMENT ASSESSMENT SCREENING CENTER INC.

D Employer identification number (Employees' trust, see instructions) 86-0377987

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

Print or Type

Number, street, and room or suite no. If a P.O. box, see instructions. 4016 N BLACK CANYON HIGHWAY City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85017

E Unrelated business activity codes (See instructions) 621300

C Book value of all assets at end of year 24,333,672.

F Group exemption number (See instructions.)

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

H Describe the organization's primary unrelated business activity. SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

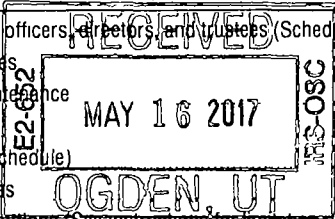
If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of DENISE MITCHELL Telephone number 602-254-7328

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (259,647), Cost of goods sold (201,962), and Total (57,685).

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 4 columns: Line number, Description, Amount, and Total. Rows include Charitable contributions (0), Depreciation (18,449), and Total deductions (32,445).



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**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
 Controlled group members (sections 1561 and 1563) check here  See instructions and:

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_

**c** Income tax on the amount on line 34 **▶** 35c **0.**

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) **▶** 36

**37 Proxy tax.** See instructions **▶** 37

**38 Alternative minimum tax** **▶** 38

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **▶** 39 **0.**

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

**b** Other credits (see instructions) **40b**

**c** General business credit. Attach Form 3800 **40c**

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

**e Total credits.** Add lines 40a through 40d **40e**

**41** Subtract line 40e from line 39 **41 0.**

**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) **42**

**43 Total tax.** Add lines 41 and 42 **43 0.**

**44a** Payments: A 2014 overpayment credited to 2015 **44a**

**b** 2015 estimated tax payments **44b**

**c** Tax deposited with Form 8868 **44c**

**d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

**e** Backup withholding (see instructions) **44e**

**f** Credit for small employer health insurance premiums (Attach Form 8941) **44f**

**g** Other credits and payments  Form 2439  Form 4136  Other \_\_\_\_\_ Total **▶** **44g**

**45 Total payments.** Add lines 44a through 44g **45**

**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached  **46**

**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **▶** **47 0.**

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **▶** **48 0.**

**49** Enter the amount of line 48 you want: **Credited to 2016 estimated tax**  **Refunded**  **▶** **49**

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

**1** At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **▶** **Yes No** **X**

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file **Yes No** **X**

**3** Enter the amount of tax-exempt interest received or accrued during the tax year **▶** \$ **Yes No**

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **▶** N/A

<b>1</b> Inventory at beginning of year	<b>1</b> 0.	<b>6</b> Inventory at end of year	<b>6</b> 0.
<b>2</b> Purchases	<b>2</b>	<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b> 201,962.
<b>3</b> Cost of labor	<b>3</b>	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes No</b> <b>X</b>
<b>4a</b> Additional section 263A costs (att schedule)	<b>4a</b>		
<b>b</b> Other costs (attach schedule)	<b>4b</b> 201,962.		
<b>5</b> Total. Add lines 1 through 4b	<b>5</b> 201,962.		

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.

**Sign Here** **▶** Brenda Blunt **15/01/17** **▶** **CFO** **Title**

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

**Paid Preparer Use Only**

Print/Type preparer's name: **BRENDA BLUNT** Preparer's signature: **BRENDA BLUNT** Date: **05/04/17** Check  if self-employed PTIN: **P00075126**

Firm's name **▶** **EIDE BAILLY LLP** Firm's EIN **▶** **45-0250958**

Firm's address **▶** **1850 N CENTRAL AVE., STE 400 PHOENIX, AZ 85004-4624** Phone no. **602-264-5844**

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**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** (b) Total deductions Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) <b>0.</b>	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) <b>0.</b>

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**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated 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)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

**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)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

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

1 Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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SUBSTANCE ABUSE TESTING AND COUNSELING FOR PRIVATE SECTOR

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT

2

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

THE ORGANIZATION IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG. SEC. 1.263(A)-1(F).

FORM 990-T	CONTRIBUTIONS	STATEMENT	3
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
ARIZONA YOUTH PARTNERSHIP	N/A	68,500.	
EMPACT - SUICIDE PREVENTION CENTER	N/A	61,000.	
ICAN: POSITIVE PROGRAMS FOR YOUTH	N/A	66,000.	
MATFORCE THE YAVAPAI COUNTY SUBSTANCE ABUSE COALITION	N/A	60,000.	
PARTNERSHIP FOR DRUG-FREE KIDS	N/A	39,120.	
PIMA PREVENTION PARTNERSHIP	N/A	73,161.	
SCOTTSDALE PREVENTION INSTITUTE	N/A	61,094.	
MISCELLANEOUS CONTRIBUTIONS	N/A	2,850.	
TOTAL TO FORM 990-T, PAGE 1, LINE 20		431,725.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	4
DESCRIPTION	AMOUNT		
OVERHEAD	32,385.		
TOTAL TO FORM 990-T, PAGE 1, LINE 28	32,385.		



FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 6

FORM 990-T

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 7

DESCRIPTION

AMOUNT

TESTING EXPENSE  
DEPRECIATION

183,513.  
18,449.

TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B

201,962.