	_ (	990-T	   F		TENDED TO Manization Bus				av Beturr	<b>.</b> 1	OMB No 1545-0047
	Form v	330- i	•		and proxy tax und				1004	•  -	
			For cal		year beginning JUL 1					0	2010
					rw.irs.gov/Form990T for i					<u> </u>	2013
		nent of the Treasury Revenue Service	<b>I</b> ▶		bers on this form as it ma					.   3	Open to Public Inspection for 001(c)(3) Organizations Only
	A $\square$	Check box if		i ·					<del></del>	D Emplo	yer identification number
	A Check box if Name of organization ( Check box if name changed and see instructions.)  TREATMENT ASSESSMENT SCREENING CENTER										byees' trust, see ctions )
	B Exe	empt under section	Print	INC.						80	6-0377987
		501(c)(3 <b>0)3</b>	_ or	Number, street, and roo	om or suite no. If a P.O. bo	x, see ir	structions.				ted business activity code structions )
		408(e) 220(e)	Туре	4016 N BLA	CK CANYON HI	GHW/	ΑY			(366 11	au delions y
		408A 530(a)		City or town, state or p	rovince, country, and ZIP	or foreig	n postal code			1	
		529(a)		PHOENIX, A	Z 85017					621	300
	C Book	value of all assets d of year		F Group exemption nu	mber (See instructions.)	<b>•</b>					
		14,344,4			ype 🕨 🛛 X 501(c) co		1 50 <sup>-</sup>	l(c) trust	401(a	) trust	Other trust
				tion's unrelated trades o		1			the only (or first) u		
				EE STATEMEN					, complete Parts I-V		
					ious sentence, complete P	arts I an	d II, complete a	a Schedule	e M for each addition	nal trade	or
		ness, then complete								<del></del>	reen
				-	n affiliated group or a pare	nt-subs	idiary controlle	d group?	•	Ye:	s X No
				tifying number of the par			_	Talaah	one number 🕨 (	502 4	254-7328
	Par			e or Business In			(A) Inco	<u>-</u> _	(B) Expense		(C) Net
		Gross receipts or sale		551,373		T	(A) 11100		(b) Expense	•	(0) (10)
		ess returns and allo		331,373	c Balance	10	551	373.			\( \sigma^{\chi} \)
		Cost of goods sold (S		Δ line 7)	C Dalalice	2		859.			
		Gross profit. Subtract		•		3		514.	-		68,514.
		Capital gain net incon				4a					/ / / / / / / / / / / / / / / / / / / /
			•	Part II, line 17) (attach Fo	rm 4797)	4b	Internal R	evenue	Service		<del>/</del>
		Capital loss deduction			,	4c	Received	_	tii: USB	/	
		•		ship or an S corporation	(attach statement)	5		334	- /	<i>'</i>	
1	6 F	Rent income (Schedu	le C)			6		/ 307	020		
	7 l	Jnrelated debt-financ	ed incor	ne (Schedule E)		7	NUV	1 301	1020		
l	8 I	nterest, annuities, ro	yaltıes, a	nd rents from a controlle	d organization (Schedule F)	8					
	9 1	nvestment income of	f a section	on 501(c)(7), (9), or (17)	organization (Schedule G	9		<del>jden, l</del>	17		
,	10 E	Exploited exempt acti	vity inco	me (Schedule I)		10	O (	Juen,			
		Advertising income (		•		11					
		Other income (See in				12	/ 50	-44			
		Total. Combine lines			250 (0 )	13		514.	<u></u>		68,514.
	Par				ere (See instructions to with the unrelated business.)			luctions)			
Ì	14			rectors, and trustees (Sc				_		144	
)	14 15	Salaries and wages	icers, ui	rectors, and trustees (Sc	illedule K)					15	
	16	Repairs and mainter	ance							16	
	17	Bad debts	unoo							17	
		Interest (attach sche	dule) (s	ee instructions)						18	· · · · · · · · · · · · · · · · · · ·
	19	Taxes and licenses	, \-							19	60.
	20	Depreciation (attach	Form 4	562)			1	20	37,550.		
	21	Less depreciation cl	aimed oi	n Schedule A and elsewh	ere on return		[	21a		21b	37,550.
	22	Depletion					_			22	
	23	Contributions to def	erred co	mpensation plans	t)					23	
	24	Employee benefit pr	-							24	·
	25	Excess exempt expe								25	
	26	Excess readership c								26	
	27	Other deductions (a		·			SEE	STAT	rement 3	27	72,190.
	28	Total deductions. A		_						28	109,800.
	29	/			ing loss deduction. Subtra					29	-41,286.
	30	,	erating	ioss arising in tax years l	beginning on or after Janu	ary 1, 20	มาช			_	^
	21 /	(see instructions)	havabla :	noomo Cuhtrost line 00	from line 20					30	-41,286.
	923701			ncome. Subtract line 30 work Reduction Act Not						31	Form <b>990-T</b> (2019)
_	,020,01	CITED FILE I	apc:	HERBOUGH ALL NUL	.ee, ooo manuuduna.					$\sim$	(2013)

38 Form **990-T** (2019)

		TREATMENT ASSESSMENT SCREENING CENTER INC.  Fotal Unrelated Business Taxable Income	86-	0377987 Page 2
Part	#			41 206
	•	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	
33		s paid for disallowed fringes	38	
34		ole contributions (see instructions for limitation rules) STMT 5 STMT 6	34	0.
35		related business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	-41,286.
36	Deduct	on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	0.
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	-41,286.
38	Specific	deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelat	ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	11	
	enter th	e smaller of zero or line 37	39	<u>-41,286.</u>
Part	IV .	Tax Computation '		
40	Organia	ations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
	Ta	ex rate schedule or Schedule D (Form 1041)	41	_
42	Proxy t	ax. See instructions	42	
43	Alterna	ove minimum tax (trusts only)	43	<del></del>
44	Tax on	Noncompliant Facility Income. See Instructions	44	
45		add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part		Tax and Payments		
46a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
		redits (see instructions) 46b	1 1	
C		business credit. Attach Form 3800 46c	1 1	
		or prior year minimum tax (attach Form 8801 or 8827)	i	
		edits. Add lines 46a through 46d	46e	
47		t line 46e from line 45	47	0.
48		IXES. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	<u>.</u>
49		x. Add lines 47 and 48 (see instructions)	49	0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
			30	
	•	its: A 2018 overpayment credited to 2019	1 1	
		stimated tax payments 51b	1 1	
	-	osited with Form 8868 51c	1 1	
	_	organizations: Tax paid or withheld at source (see instructions)  51d		
		withholding (see instructions)  51e	1	
		or small employer health insurance premiums (attach Form 8941)	1 1	
9		redits, adjustments, and payments: Form 2439	1 1	
		orm 4136 Other Total ▶ 51g	<u>  </u>	
52		ayments. Add lines 51a through 51g	52	<u>-</u>
53		ed tax penalty (see instructions). Check if Form 2220 is attached	53	···
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	•	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56		e amount of line 55 you want: Credited to 2020 estimated tax	56	
Part		Statements Regarding Certain Activities and Other Information (see instructions)		<del></del>
57	-	ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
		inancial 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	<b>&gt;</b>		X_
58	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes,	see instructions for other forms the organization may have to file.		
59	Enter th	e amount of tax-exempt interest received or accrued during the tax year 🕨 💲		
C:		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled irrect, and complete. Declaration of <u>pre</u> parer (other than taxpayer) is based on all information of which preparer has any knowledge	ige and be	dief, it is true,
Sign		$\mathcal{Q}$	av the IRS	discuss this return with
Here		1) nea 111, 3 Jenneus 11-11-2020 CFO the	-	shown below (see
		Signature of officer Date Title ins	structions)	7 X Yes No
		Print/Type preparer's name Preparer's signature Date Check in	f PTIN	
Paic	i	BRENDA ANN BLUNT, BRENDA ANN BLUNT, self-employed		
	arer	CPA   CPA     11/11/20		0075126
	Only	Firm's name ► EIDE BAILLY LLP Firm's EIN ►	45	-0250958
		2355 E CAMELBACK RD, STE 900		
		Firm's address ► PHOENIX, AZ 85016-9065 Phone no. 4	<u>80-3</u>	15-1040
923711	01-27-20		-	Form 990-T (2019)

Page 3

Schedule A - Cost of Good	s Sold. Enter	r method of invent	ory v	aluation N/A			_		
1 Inventory at beginning of year	1	0.	T	Inventory at end of year	r		6		0.
2 Purchases	2		7	Cost of goods sold. Su	btract I	ine 6			
3 Cost of labor	3			from line 5. Enter here and in Part I,					
4a Additional section 263A costs				line 2			7	482,85	<u>. 9</u>
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule)	* * 4b	<u>482,859.</u>		property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5	482,859.	<u> </u>	the organization?					Х
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property									
(1)						<del></del>		<del></del> .	
(2)						,			
(3)	<del></del> -								
(4)						-			
	2. Rent receiv	ed or accrued			-				
rent for personal property is more than of rent for p				onal property (if the percentag property exceeds 50% or if ed on profit or income)	je	3(a) Deductions directly columns 2(a) an		ted with the income in attach schedule)	
(1)				<del></del>				<del></del> -	
(2)								-	-
(3)									
(4)								<del></del>	
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>		ο.
Schedule E - Unrelated Del	bt-Financed	Income (see	nstru	ctions)					
			2	. Gross income from		3. Deductions directly conr to debt-financ			
1. Description of debt-fi	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)						<del></del>	+		
(2)								-	
(3)							1		
(4)							1		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	adjusted basis allocable to anced property th schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)					-		+		
(2)				%			1		
(3)				%					
(4)				%			1		
			-			inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (B)	
Totals						0.			0.
Total dividends-received deductions	ncluded in colum	n 8					+		<u> </u>

Form 990-T (2019)

## TREATMENT ASSESSMENT SCREENING CENTER

Form 990-T (2019) INC.									86-03	77987	Page 4
Schedule F - Interest,	Annuitie	s, Royali	ties, and	Rents	From Co	ntrolled	Organiza	tions	(see ins	tructions)	
				Exempt 0	Controlled O	rganizatio	ns				
Name of controlled organization				Net urrelated income (loss) (see instructions)     A. Tota payments.		al of specified nents made 5, Part of column 4 that is included in the controlling or ganization's gross income		olling	6. Deductions directly connected with income in column 5		
(1)						_			-		
(2)								-		$\neg$	
(3)	<del></del>							_			
								-			
(4) Nonexempt Controlled Organ	nizations	L									
<del></del>			<i>"</i> )			. 1					
7. Taxable Income		intelated incom see instructions		<b>9.</b> 10tal	of specified payr made	nents	10. Part of column the controlling gross	mn 9 that ng organ 3 income	is included ization's		uctions directly connected income in column 10
(1)											
(2)										-	
(3)					•						
(4)	<del>                                     </del>									_	
	<del>-</del>						Add colun Enter here and line 8, 4		1, Part I,	Enter her	columns 6 and 11 e and on page 1, Part I, ne 8, column (B)
Totals			Sa adi an	E04/-\/7	(0) (	17\ O			<u> </u>		<u> </u>
Schedule G - Investm		ne or a s	section	501(C)( <i>1</i>	), ( <del>9</del> ), or (	17) Org	anization				
<u></u>	scription of inco	ome			2. Amount of	ıncome	3. Deduction	cted	4. Set-	asides schedule)	5. Total deductions and set-asides
(4)							(attach sched	JUIU)	· ·		(col 3 plus col 4)
(1)											<del> </del>
(2)		<del></del> -	<del></del>								
(3)											<del></del>
(4)	<del></del>								L		
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals				<u> </u>		0.					0.
Schedule I - Exploited (see inst	-	Activity	Income	other	Than Adv	ertisin	g Income				
1. Description of exploited activity	unrelated incom	Gross I business ne from business	3. Exp directly co with pro of unit business	onnected duction elated	4. Net incon from unrelated business (co minus colum gain, comput through	Itrade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	that ted	<b>6.</b> Exp attribut colui		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							_				
(2)											
(3)											
(4)	+				<u> </u>						
	page 1	re and on 1, Part I, , col (A)	Enter her page 1 line 10,	Parti, col (B)	:			_	<u> </u>		Enter here and on page 1, Part II, line 25
Totals Advertis	>  	0.	<u> </u>	<u> </u>	L						0.
Schedule J - Advertis											
Part I Income From	Periodic	als Rep	orted or	n a Cons	solidated ——	Basis				_	
1. Name of periodical		2. Gross advertising income		3. Direct rtising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, compute Trough 7	5. Circula income		6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)					7				<u> </u>		
(4)					$\dashv$						
<u></u>	<del></del>		-		+		+		<del> </del>	<del></del>	
Totals (carry to Part II, line (5))	<b>•</b>		0.	0			<u> </u>				0. Form <b>990-T</b> (2019)
											(2010)

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	•	0.	0.				0.
		Enter here and on page 1, Part I, tine 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.				0.

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

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

Form **990-T** (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

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	OTHER DEDUCTIONS	STATEMENT 3	
DESCRIPTION	AMOUNT		
OVERHEAD		72,190.	
TOTAL TO FORM 990-T, PAGE 2	l, LINE 27	72,190.	

FORM 990-T	NET (	OPERATING LOSS DE	EDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/02	121,797.	121,797.	0.	0.
06/30/03	135,398.	135,398.	0.	0.
06/30/04	104,773.	6,473.	98,300.	98,300.
06/30/05	55,385.	0.	55,385.	55,385.
06/30/06	37,030.	0.	37,030.	37,030.
06/30/17	14,432.	0.	14,432.	14,432.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	205,147.	205,147.
FORM 990-T		CÒNTRIBUTIONS		STATEMENT 5
DESCRIPTION	I/KIND OF PROPERTY	METHOD USED TO	DETERMINE FMV	AMOUNT
MISCELLANEC	OUS CONTRIBUTIONS	N/A		4,561
TOTAL TO FO	ORM 990-T, PAGE 2, 1	LINE 34		4,561

FORM 990-T	CONTRIBUTIONS SUMMA	RY	STATEMENT 6
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 YEAR 2015 410,422		
FOR TAX	YEAR 2016 254,795 YEAR 2017		
	YEAR 2018 2,848	_	
TOTAL CARF	YOVER ENT YEAR 10% CONTRIBUTIONS	668,065 4,561	
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	672,626 0	<del>_</del>
EXCESS 100	TRIBUTIONS % CONTRIBUTIONS	672,626	_
	SS CONTRIBUTIONS	672,626	_
	CONTRIBUTIONS DEDUCTION		
TOTAL CONT	RIBUTION DEDUCTION	•	

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 7
DESCRIPTION		AMOUNT
TESTING EXPENSE COUNSELING EXPENSE		255,954. 226,905.
TOTAL TO FORM 990-T	, SCHEDULE A, LINE 4B	482,859.