	•			EX	TENDED TO 1	MAY 1	.7, 2021				
	Form	990 <del>,</del> T	Ė	Exempt Orga				「ax Return	) L	OMB No 1545-0047	
		etar *C			ind proxy tax un			2000	)	0040	
			For cal	ilendar year 2019 or other tax ye	ear beginning JUL 1	, 20	19 , and ending $JU$	N 30, 202	<u>0</u>	2019 .	
	Denari	tment of the Treasury		► Go to www Do not enter SSN number			ons and the latest inform				
	Interna	Il Revenue Service		Open to Public Inspection for 501(c)(3) Organizations Only							
	A [	Check box if address changed		Name of organization (	Check box if name	e changed	and see instructions.)		(Empl	oyer identification number oyees' trust, see ctions)	
		kempt under section		1-0189278 ated business activity code							
		] 501(C <del>0</del> )3 ) ] 408(e)220(e)	Type   Type   2756 POST ROAD, NO. 104								
	上	] 408A530(a) ] 529(a)	L	WARWICK, RI	446	110					
	C Boo	ok value of all assets end of year		F Group exemption num							
		12,081,3		G Check organization type		orporation	501(c) trust	401(a)	trust	Other trust	
			-	ition's unrelated trades or		_1		the only (or first) un			
		=		NTAL HEALTH				, complete Parts I-V.		•	
				ace at the end of the previo	ous sentence, complete	Parts I and	d II, complete a Schedul	e M for each addition	al trade	or	
		siness, then complete f					<del> </del>		<del></del>	- TT .:	
		-		poration a subsidiary in an tifying number of the pare		rent-subsi	diary controlled group?	<b>▶</b> t	Ye	s X No	
			_	THE ORGANIZA			Talant	none number > 4	01-	738-1338	
	Pa			de or Business Inc			(A) Income	(B) Expenses		(C) Net	
		Gross receipts or sale:			T	7	(74) 111001110	(5) 2.25011000		(0)	
		Less returns and allow			c Balance	.   1c					
	_	Cost of goods sold (S		A line 7)	J • 5 calculate • 5	2					
	3	Gross profit. Subtract				_3_					
		•									
		a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b									
		Capital loss deduction									
	5	Income (loss) from a partnership or an S corporation (attach statement)									
	6										
		Unrelated debt-financed income (Schedule E)									
	8	Interest, annuities, royalties, and rents from a controlled organization (Scheduler) 8									
	9	Investment income of	a sectio	on 501(c)(7), (9), or (17) o	organization (Schedule G	3) <b>9</b>	CDEN UT				
	10	Exploited exempt activ	uty inco	ome (Schedule I)		12	JDETV. G.				
	11	Advertising income (S	chedule	: JY		11					
		Other income (See ins				12					
CD		Total, Combine lines				13	0.	L			
SCANNED	Pa			ot Taken Elsewhere directly connected w						•	
Ź	14	Compensation of offi	cers, dii	rectors, and trustees (Sch	edule K)				14		
Ш	15	Salaries and wages						i	15		
	16	Repairs and maintena	ance						16		
DEC	17	Bad debts							17_		
C	18	Interest (attach sched	dule) (se	ee instructions)					18		
وي	19	Taxes and licenses							19		
0		Depreciation (attach l					20				
2021	21	<i>f</i> .	imed or	n Schedule A and elsewher	re on return		21a		21b	<del></del>	
1000 P	22	Depletion							22	<del>_</del>	
	23	Contributions to defe		mpensation plans					23	<del>_</del>	
	24	Employee benefit pro	-	-L - 4 L- N					24		
	25	Excess exempt expen	•	•					25		
	26	Excess readership co							26		
	27	Other deductions (att							27	0.	
	28	Total deductions. Ad		14 through 27 ncome before net operatin	a lace deduction. Subtra	act line 20	from line 12		28	0.	
	29 30	1		loss arising in tax years be	=			i	29_		
	30	(see instructions)	rauny 1	iooo arioniy iii tax yearo De	graning on or alter sallt	aury 1, 20	10		30	0.	
	31	•	axahle ir	ncome. Subtract line 30 fr	om line 29				31	<del>0.</del>	
	00070			work Reduction Act Notic					<u> </u>	Form <b>990-T</b> (2010)	

	O-T (20,10) THRIVE BEHAVIORAL HEALTH, INC.			51-	-0189	278	Page 2
Par	Total Unrelated Business Taxable Income						
32 4	-Total of unrelated business taxable income computed from all unrelated trades or businesses (see ii	nstructions)		32			0.
33	Amounts paid for disallowed fringes			33			
34	Charitable contributions (see instructions for limitation rules)			34			0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line	34 from the sum of lines 32 ar	ıd 33	35			
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructi		_	36			0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	, <u> </u>		37			
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	\ X\(X\)	1	38		1.0	00.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	Dayer 1	1.				
	enter the smaller of zero or line 37	' <b>'</b>	•	39			0.
Par	IV Tax Computation			1 44 1			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	<del></del> .		40			0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on	line 30 from		1-70			<u> </u>
71	Tax rate schedule or Schedule D (Form 1041)	inic 65 irom,		41			
42	Proxy tax. See instructions			42			
	Alternative minimum tax (trusts only)			-			
43	•			43	<del></del>		
44	Tax on Noncompliant Facility Income. See instructions  Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			44			0.
45 Par			,	45		-	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	460		$\mathbf{T}$			
	, , ,	46a		1 1			
b	Other credits (see instructions)	46b		1 1			
C	General business credit. Attach Form 3800	46c		1 1			
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d					
	Total credits. Add lines 46a through 46d			46e			
47	Subtract line 46e from line 45			47			0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	66 Other (attach sch	edule)	48			
49	Total tax. Add lines 47 and 48 (see instructions)			49			0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	1 1		50			0.
51 a	Payments: A 2018 overpayment credited to 2019	51a		1 1			
b	2019 estimated tax payments	51b		1 1			
	Tax deposited with Form 8868	51c		1			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d		1 1			
е	Backup withholding (see instructions)	51e					
f	Credit for small employer health insurance premiums (attach Form 8941)	51f		1 1			
g	Other credits, adjustments, and payments: Form 2439						
	Form 4136 Other Total ▶	51g			•		
52	Total payments. Add lines 51a through 51g			52			
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached			53			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed			54			
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid			55			
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	Refunded	▶	56			
Parl	VI Statements Regarding Certain Activities and Other Information	n (see instructions)					
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other authority			-	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ay have to file					
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the for	eign country					
	here						X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	sferor to, a foreign trust?					Х
•	If "Yes," see instructions for other forms the organization may have to file.						
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$						
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of my	knowled	dge and be	lief, it is true	 9,	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any knowledge	_			_	
Here	PRESIDE	NT/CEO			discuss this shown belo		vith
	Signature of officer Date Title	, 020		structions):		·	¬ No
	Print/Type preparer's name Preparer's signature Dat	e Check [		1			
	To the first the second	<u> </u>		'   F'''N			
Paid	DALLED HONDATANE DALLED HONDATANE	self- em	noyeu	PΛ	0011	053	
-	MADCIDE LLD	Firm's I	181		-198		<u> </u>
Use	Only 155 SOUTH MAIN STREET, SUITE 10		.117		120	<u> </u>	<u>-</u>
			, /	//1\	457	_67	<b>0</b> 0
	Firm's address PROVIDENCE, RI 02903	Phone	10. (	#0T)	Eorm 9		

Form 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	r method of inve	ntory v	raluation > N/A					
1 Inventory at beginning of year	1			Inventory at end of year			6	T	
2 Purchases	2		_	7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3		from line 5. Enter here and in Part I,				l		
4 a Additional section 263A costs			7	line 2	,	7			
(attach schedule)	4a		8	Do the rules of section		Y	'es No		
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to		[_	
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	.ease	d With Real Prop	erty	<i>(</i> )	
1. Description of property								•	
(1)						<del></del>			
(2)		<del>-</del>	_	<del></del>					
(3)			-						
(4)		<del>1</del>					_		
	2. Rent receiv	red or accrued							
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y conne .nd 2(b)	ected with the incor (attach schedule)	ne in
(1)						<del></del>			
(2)									
(3)							_		
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum	n (A)	<b>&gt;</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	▶		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ctions)		<del> </del>	_		
			١,	. Gross income from		<ol> <li>Deductions directly conto debt-finance</li> </ol>			
1. Description of debt-fi	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach sched	
(1)	-				<u> </u>		$\top$	<del>,                                      </del>	<del></del>
(2)		-	1	-					
(3)						7 7	$\top$	-	
(4)								-	-
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable dec (column 6 x total o 3(a) and 3(	f columns
(1)			$\top$	%_		<del></del>	丁		
(2)			1	%		<del></del>			
(3)			1	%					
(4)	<u> </u>			%					
			•			nter here and on page 1, Part I, line 7, column (A)		Enter here and on Part I, line 7, colu	
Totals				▶		0	$\cdot$		0.
Total dividends-received deductions	ncluded in columr	n 8		,		<b>D</b>	-		0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1, Description of income 2, Amount of income 2, Amount of income 3, Deductions directly connected (struch schedule) (10) (2) (3) (4)  Enter here and on page 1, Pert I, line 9, column (A) (see instructions)  1, Description of sections of seed instructions (see instructions)  2, Gross urrelated business directly connected with production of explored activity and or business income (see instructions)  2, Gross urrelated business directly connected with production of explored activity and or business income (see instructions)  4, Set -ander (struch schedule) (see instructions)  1, Description of explored activity income, Other Than Advertising Income (see instructions)  4, Net income (loss) (see instructions)  4, Net income (loss) (see instructions)  5, Gross income from activity that business income from activity tha	Schedule F - Interest, A	Innuities, Royal					itions (se	e instructio	ons)
Common   Controlled Organizations   Debt	1 Name of controlled organizate	2 Fm	<u> </u>				5 Port of cal	imp 4 that is	6 Dodustiens directly
(2) (3) (4) (4) (5) (7) (8) (8) (9) (10) (10) (11) (12) (13) (4) (14) (15) (15) (16) (17) (18) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	Name of controlled organization	ıdentıfi	cation (loss) (se	e instructions)	payr	aror specified ments made	included in the	e controlling	connected with income
23	(1)		-	-		<del></del>	<del>                                     </del>		
(4)  Increasempt Controlled Organizations  7, Traible home  8, Not invitable from (sac) (see instructions)  (4)  (5)  (6)  Add columns 5 and 10  Earls here and on page 1. Part I, line 8, column (see instructions)  (8)  (9)  Add columns 5 and 10  Earls here and on page 1. Part I, line 8, column (see instructions)  (9)  (1)  (1)  (2)  (3)  (4)  Add columns 5 and 10  Earls here and on page 1. Part I, line 8, column (see instructions)  (8)  (9)  (1)  (1)  (2)  (3)  (4)  Earls produced by the service of the service	<u> </u>								
(d)  The part of column 2 and a payment in the controlled Organizations  To Taubble focusins  S. Net sureful defined income libest (cee instructions)  To Taubble focusins  S. Net sureful defined income libest (cee instructions)  To Taubble focusins  S. Net sureful defined income libest (cee instructions)  To Taubble focusins  S. Net sureful defined income libest (cee instructions)  To Taubble focusins  S. Net sureful defined income libest (cee instructions)  To Taubble focusins  S. Net sureful defined income libest (cee instructions)  To Taubble focusins  S. Net sureful defined income libest (cee instructions)  To Taubble focusins  S. Net sureful defined income libest (cee instructions)  To Taubble focusins  S. Net sureful defined income libest (cee instructions)  To Taubble focusins  Add columns 2 and 10  Line fee and on page 1. Part 1. Income A column (A)  To Taubble focusins  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of income  (see instructions)  2. Amount of income  (see instructions)  1. Description of income  (see instructions)  2. Cross (cee instructions)  2. Cross (cee instructions)  3. Deductions (cell of the cheback)  To Taubble focusing (cell of page 1. Part 1. Income Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of income (cee instructions)  The second of the cell of the					•				
7. Traylable income  8. Net unrelated microary (loss) (see instructions)  9. Total of sponface payments 10. Part of column 5 that is exbused. In the controlling organization's in the controlling organization's (see instructions)  Add columns 5 and 10  Add columns 6 and 11  Enter here and on page 1, Part 1.  Ince 8. Column (8)  1. Description of income (see instructions)  1. Description of income  (see instructions)  2. Amount of income (see instructions)  2. Amount of income (see instructions)  3. Description (see instructions)  4. Set 35566 (sold 3 plus cold of sponface) (sold									
(1) (2) (3) (4)  Add columns 5 and 11 Enter here and on page 1, Part 1, Irine 8, column (8) (5) (6)  Add columns 5 and 11 Enter here and on page 1, Part 1, Irine 8, column (8) (6)  1, Cesca prison of income  2, Amount of income  2, Amount of income  2, Amount of income  3, Deviations (6)  1, Cesca prison of income  2, Amount of income  2, Amount of income  3, Deviations (6)  4, Seri-addist pattech schedule) (7) (8) (9)  5, Total deductions (7) (9) (1) (9) (1) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7		ations							
(d)  Add column 6 and 10 Enter free and on page 1, Part 1, Ince 8, column (A)  Column (B)	7. Taxable Income				nts	in the controlls	ng organization's	ded 11. (	
(3) (4)  Add columns \$ and 10 Enter free and on page 1, Part 1, Inne 8, column (A)  Column (B)  Column	(1)								
Add columns 5 and 10   Enter here and on page 1, Part 1, line 6, column (8)	-								
Add columns 5 and 10 Enter here and 10 page 1, Part I, line 6, column (A)  (See Instructions)  1. Description of income  2. Amount of income  2. Amount of income  3. Deductions (attach schedule) (1) (2) (3) (4)  5. Check there and on page 1, Part I, line 8, column (B) (attach schedule) (attach sched	(3)					···			
Intelligence of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income 2. Amount of noome 3. Description (stach schedule) (1) (2) (3) (4)  Entire here and on page 1, Part I, line 8, column (8)  1. Description of income 2. Amount of noome (see instructions)  2. Amount of noome 3. Description (stach schedule) (stach schedule) (see instructions)  1. Cescretion of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2. Gross unrelated business with production of exploited activity (see instructions)  2. Gross unrelated business with production of exploited activity (see instructions)  2. Gross unrelated business with production of exploited activity income, Other Than Advertising Income (see instructions)  4. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  5. Gross income from activity that explosition of unrelated business with production of unrelated business with production of unrelated business with production of unrelated business income of unrelated business with production of unrelated business unrelated business with production of un	(4)								
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 (intech schedule) 5. Total deduction directly connected (attach schedule) (10) (2) (3) (4)  Enter here and on page 1. Part I, line 9, column (A)  1. Description of sees instructions)  2. Gross urrelated business directly connected with production of unveiled for september 3 and or business recome viruslated virusl						Enter here and	on page 1, Part		here and on page 1, Part I,
(see instructions)  1. Description of income 2. Amount of income directly connected (attach schedule) (1) (2) (3) (4)  Enter here and on page 1. Part 1, line 9. Column (A) (5) (5) (6)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2. Gross unrelated business income of exploited activity Income, of each of exploited activity Income expenses (column of unusual column 4)  (1) (2) (3) (4)  Enter here and on page 1. Part 1, Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross activity Income of exploited activity Income of exploite			<del>_</del> _					0.	0
1. Description of income 2. Amount of recome directly connected (attach schedule) (a			Section 501(c)(7	7), (9), or (1	7) Org	anization			
(2) (3) (4)  Enter here and on page 1, Pert I, lime 2, column (A)  Schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  2. Gross unrelated business income from exploited activity or invalidation of exploited activity or invalidation or exploited activity or invalida	1. Descr	iption of income		2. Amount of in	come	directly conne	cted 4.		5. Total deductions and set-asides (col 3 plus col 4)
(3) (4)  Enter here and on page 1. Part 1, line 9, column (A)  Cochedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1. Description of exploited activity  1. Description of exploited activity activity activities				<u> </u>					
Enter here and on page 1, Part I, line 9, column (A)   Part I, line 9, column (A)	(2)								
Enter here and on page 1,   Part I, line 9, column (A)   Part I, line 9, column (B)		<del></del>							
Part I, line 9, column (A)   Part I, line 9, column (A)	(4)		<del>-</del>	<del> </del>			l		<u></u>
(see instructions)  1. Description of exploited activity uncome from trade or business income fr					nn (A)				Part I, line 9, column (B)
(See instructions)  1. Description of exploited activity and the properties of the			D41	TL A .					0
1. Description of exploited activity  1. Description of uncleased business income activity that is not unrelated business income business income attributable to column 5 but no unrelated business income attributable to column 5 but no unrelated business income attributable to column 5 but no unrelated business income attributable to column 5 but no unrelated business income attributable to column 5 but no unrelated business income attributable to column 5 but no unrelated business income attributable to column 5 but no unrelated business income attributable to column 5 but no unrelated business income attributable to column 5 but no unrelated business income attributable to column 5 but no unrelated business income attributable to column 5 but no unrelated business income attributable to column 5 but no unrelated business income attributable to column 5 but no unrelated business income attributable to column 5 but no unrelated business income attributable to column 5 but no unrelated business income attributable to column 5 but no unrelated business income attributable to column 5 but no unrelated business income attributable to column 5 but no unrelated	•		income, Other	Than Adve	rtisin	g income		<u>.</u>	
(2) (3) (4)  Enter here and on page 1, Part 1, line 10, col (A)  Totals  O. O. O.  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 or (loss) (col 2 minus or (loss) (col 2 m		unrelated business income from	directly connected with production of unrelated	from unrelated tr business (colui minus column 3 gain, compute c	ade or nn 2 ) If a	from activity to	nat a	ttributable to	expenses (column 6 minus column 5, but not more than
(2) (3) (4)  Enter here and on page 1, Part 1, line 10, col (A)  Totals  O. O. O.  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 or (loss) (col 2 minus or (loss) (col 2 m	(1)		<del></del>	<u> </u>			<del></del>		<del></del>
(3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  2. Gross advertising costs  3. Direct advertising gain or (loss) (col 2 minus)  4. Advertising gain or (loss) (col 2 minus)  5. Circulation income  6. Readership costs (column 6 minus column 4)  (1) (2) (3) (4)	(2)					<del></del>	1		
Enter here and on page 1, Part 1, line 10, col (A)  Cotals  O.  Co									
page 1, Part I, line 10, col (A)  O.  Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  1. Name of periodical  2. Gross advertising costs advertising costs or (loss) (col 2 minus col 3) II a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)									
Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical 2. Gross advertising income (see instructions)  2. Gross advertising costs advertising costs of strough 7  3. Direct advertising costs of strough 7  4. Advertising galn or (floss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)		page 1, Part I, line 10, col (A)	page 1, Part I, line 10, col (B)						on page 1, Part II, line 25
Part I Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising income  3. Direct advertising costs or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)				<u></u>					0
1. Name of periodical  2. Gross advertising income  3. Direct advertising costs  3. Direct advertising costs  3. Direct advertising costs  3. Direct advertising costs  4. Advertising galn or (loss) (col 2 minus col 3) if a gam, compute cols 5 through 7  6. Readership costs  6. Readership costs (column 5, but not more than column 4)  (1)  (2)  (3)  (4)				salidated D					
1. Name of periodical advertising advertising costs advertising costs of periodical income advertising costs advertising costs of through 7 costs (column 6 minus column 5, but not more than column 4)  (1) (2) (3) (4)	Part I Income From P	eriodicais Repo	orted on a Con	solidated B	asıs 				
(2) (3) (4)	1. Name of periodical	advertising		or (loss) (col col 3) If a gain	2 minus , compute		on 6.		costs (column 6 minus column 5, but not more
(3) (4)									
(4)				_					
(4)	(3)			_					_
	(4)							•	ļ
[otals (carry to Part II, line (5))								,	0

0.

columns 2 through 7 on a line-by-line basis.) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 2. Gross advertising income 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising costs income costs (1) (2) (3) (4) 0. 0. 0. Totals from Part I 

Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

Enter here and on page 1, Part I, line 11, col (B)

Enter here and on page 1, Part I, line 11, col (A)

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

Form 990-T (2019)

Enter here and on page 1, Part II, line 26

FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/15	26,504.	0.	26,504.	26,504.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	26,504.	26,504.