Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information. For the 2017 calendar year, or tax year beginning and ending C Name of organization Check if applicable: NH Alcohol & Drug Abuse Counselors Association D Employer identification number Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) 52-1508299 Room/suite Name change 130 Pembroke Road, Suite 100 E Telephone number Initial return City or town ZIP code (603) 225-7060 Concord NH 03301 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return 428,361 G Gross receipts \$ Application pending F Name and address of principal officer: Yes X No H(a) is this a group return for subordinates? Kelly Luedtke President, Concord, NH 03301 H(b) Are all subordinates included? Tax-exempt status: 501(c)(3) 501(c) If "No," attach a list. (see instructions)) < (insert no.) 4947(a)(1) or 527 J Website: ▶ www.nhadaca.com H(c) Group exemption number ▶ X Corporation K Form of organization: L Year of formation: 1986 Association Other > M State of legal domicile: NH Part I Summary Briefly describe the organization's mission or most significant activities: The Association's licensed alcohol and drug Governance counselors recognize and accept the responsibility to enhance the health and safety of the public, promote the well being of its colleagues, who are reliable and competent, and uphold the integrity of the profession. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 14 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 14 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 7 Total number of volunteers (estimate if necessary) 6 10 Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0 Net unrelated business taxable income from Form 990-T, line 34. 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 373,035 274,834 Revenue Program service revenue (Part VIII, line 2g) 133,968 152.191 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,070 1,336 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 508,073 428,361 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 0 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 165,718 209,489 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,243 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 246.385 254,852 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). 412,103 464,341 Revenue less expenses. Subtract line 18 from line 12 19 95,970 -35,980 Assets or d Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . . 249,038 201,622 21 Total liabilities (Part X, line 26) 11,436 0 22 Net assets or fund balances. Subtract line 21 from line 20 237,602 201,622 Part II Signature Block 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 officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature PTIN Date Paid Check Eric Rowley self-employed 6/14/2018 P00581700 Preparer Rowley & Associates, PC Use Only Firm's EIN ▶ 02-0522619 Firm's address ▶ 46 N. State Street, Concord, NH 03301 (603) 228-5400 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) No

Part IV Checklist of Required Schedules NH Alcohol & Drug Abuse Counselors Association Part IV

			162	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		V	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		_ X
-	candidates for public office? If "Yes," complete Schedule C, Part I			×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		^
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		_
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	Ť		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes."			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		11/2	
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
L	Schedule D, Part VI.	11a	Х	
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	١ ا		
ď	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
u	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	-	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Χ
Ċ	the organization's departed of consolidated infancial statements for the tax year include a foothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	445		V
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	-	Χ
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	IZa	$\hat{}$	_
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
_	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
^	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Χ
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
_	If "Yes," complete Schedule G, Part III	19		<u>X</u>

Fe	Checklist of Required Schedules (continued)			
20.	a. Did the organization apparets and an apparet have the first the contract of		Yes	No
20	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
21	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	The state of the s			
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	and the state of t			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
20	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J			,,
24:	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
A-T0	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	0.4-		\
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
	to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
25a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	_	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	ZJa		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		^
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			$\stackrel{\wedge}{=}$
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			500
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b				
	Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
0.5	Ill, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
d	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
20	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
27	organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
20	VI	37	_	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check in Schedule O contains a response of note to any line in this Part V	17 4		
1a	Enter the number reported in Day 2 of Form 4000 Enter 0 17 July 15 July 10 Jul	100000	Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	100	STEVILL	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	INC.	1	1983
2a		1c	X	Jane 1
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	Ol	V	503
D	Note. if the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	2b	Х	10.5
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	20	met e	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:	Ta		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	1-14	B	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	\neg	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		\neg	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		2	18
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		45	
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			IL.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	盟	300	
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Gross income from members or shareholders			
		Table 1		
	against amounts due or received from them.)	12a	Deal D	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa	Della in	- 53
	Section 501(c)(29) qualified nonprofit health insurance issuers.	123		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		100
_	Note. See the instructions for additional information the organization must report on Schedule O.	13a		17/
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	STATE OF THE PARTY	1	
	Enter the amount of reserves on hand			
		14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	1/h	-	-

Part VI

	ction A. Governing Body and Management	-	1					
1a	Enter the number of voting members of the governing body at the end of the tax year	Court	Yes	No				
	If there are material differences in voting rights among members of the governing body, or	100	100	His.				
	if the governing body delegated broad authority to an executive committee or similar	100						
	committee, explain in Schedule O.	370		1				
b								
2	12 To The first of		THE STATE OF	100				
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
3	any other officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct							
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6	X					
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint								
one or more members of the governing body?								
b Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	stockholders, or persons other than the governing body?							
Did the organization contemporaneously document the meetings held or written actions undertaken during								
	the year by the following:		INE	3.76				
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached							
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		×				
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode)					
		-	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters.							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	WIN	1500					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		_				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes "							
	describe in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X	_				
15	Did the process for determining compensation of the following persons include a review and approval by	17		9304				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official.	15a	Х					
b	Other officers or key employees of the organization	15b	X	_				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	135		100				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
	with a taxable entity during the year?	16a	-	×				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		<u>X</u>				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard		REW	270				
	the organization's example status with represent to such as	16b		500				
ecti	on C. Disclosure	lon						
7	List the states with which a copy of this Form 990 is required to be filed ► NH							
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s	only						
	available for public inspection. Indicate how you made these available. Check all that apply.	only	,					
	X Own website X Another's website X Upon request Other (explain in Schedule O)							
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest police		4					
	financial statements available to the public during the tax year.	y, and	,					
0	State the name, address, and telephone number of the person who possesses the organization's books and records:							
	Dianno Bonin, Evacutiva Director							
	130 Pembroke Road, Suite 100, Concord, NH 03301 (603) 225-7060							

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compens	ated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	his table for all access and indicate to the transfer of the t		

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	,							barrent emocr, an	color, or tradice	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted iine)	box,	unie er an	Pos heck ss pe	ersor	e this Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Linda Brewer	0.50									
Director	0.00									
(2) Jacqui Abikoff	1.00									
Director	0.00	X						5,262		
(3) Diane Fontneau	0.50							0,202		
Director	0.00	X								
(4) Tracy Robinson-Wood	0.50									
Director	0.00	Х								
(5) Alexandra Hamel	0.50									
President Elect	0.00	Х								
(6) Cheryl Wilkie	0.50									
Director	0.00	Х								
(7) Angela Jones	2.00									
Director	0.00	Х		. 1						
(8) Heather McMahon	0.50									
Director	0.00	Х								
(9) Meredith Senter	0.50									
Director	0.00	Х								
(10) Jane Quigley	0.50									
Director	0.00	Х				- 1				
(11) Kelly Luedtke	1.50									
President	0.00	Х		X				300		
(12) Lindsey Ducharme	1.00									
Treasurer	0.00	X		X						
(13) Suzanne Thistle	1.00									
Director	0.00	Х								
(14) Lynne Towle	1.50									
Secretary	0.00	X		X						

	Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees,	and	d Hi	ghes	st C	ompensated En	ployees (contin	nued)
	(A) Name and title	(B) Average hours per	box, unless per officer and a di				e than is bot or/trus	h an tee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)											
(16)											
(17)				H							
(18)											
(19)											
(20)											
					-						
								-			
					-	-					
(25)											
1b c d	Sub-total	ction A 🚙 😹 .	- E 8					▶ [5,562 0 5,562	0	0
2	Total number of individuals (including but not lin reportable compensation from the organization	nited to those list	ed al	oove	e) wl	ho r	eceiv	red i			
3	Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedu	ctor, or trustee, k	ey er	mplo	yee				compensated		Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	f reportable com	pens	atio	n an	d of	ther c	com	pensation from		
5	Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Ye	ue compensation	from	any	un	rela	ted o	 Irgai	· · · · · · · · · · · · · · · · · · ·	dual	4 X
Sect	ion B. Independent Contractors	s, complete sci	redui	631	01 8	исп	pers	OH.			5 X
1	Complete this table for your five highest comper compensation from the organization. Report coryear.	nsated independent npensation for the	ent co le cal	ontra end	acto ar y	rs th ear	nat re endir	eceiv	ved more than \$7 vith or within the	100,000 of organization's ta	ЗХ
	(A) Name and business addre	ess							(B) Description of service	ces Co	(C) ompensation
											0
											0
											0
2	Total number of independent contractors (including more than \$100,000 of compensation from the o		d to t	hose	e list	ted	abov	e) w	ho received		0

Part VIII Statement of Revenue

_		Check if Schedule O contains a response	e or note to any line in	n this Part VIII	6 8		
				(A) . Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under section 512-514
yn yn	1a	Federated campaigns	1a 0				
Grants	b	Membership dues	1b 6,204				
S, G	C	Fundraising events	1c 0				
Contributions, Glfts, Grants and Other Similar Amounts	d		1d 0				
S, E	е	Government grants (contributions)	1e 268,630				
iffor er S	f						
를 불		similar amounts not included above	1f 0				
ont	g	Noncash contributions included in lines 1a-1f:	\$ 0				
O 4	h	Total. Add lines 1a-1f		274,834			
9			Business Code				DUDNAL VIDE
Program Service Revenue	2a	Co-Sponsorships	541990	5,338	5,338		
Rev	b		544000	138,706	138,706		
9	С	Room rentals		350	350		
91.	d	Conferences		7,797	7,797		
E	e			0	1,131		
gra	f	All other program service revenue		0			
P	a	Total. Add lines 2a–2f	b	152,191		SALES SALES IN	
	3	Investment income (including dividends, inter		102,101			
		other similar amounts)		0	ľ		
	4	Income from investment of tax-exempt bond		0			
	5	Royalties		0			
		(i) Real	(ii) Personal		o Paris State	- 10 0 M 103	
	6a	Gross rents					
	b	Less: rental expenses			rauf Skill		\$ 100 Sept 图1
	c	Rental income or (loss)	0 0				
	d	Net rental income or (loss)			ES AND DESCRIPTION OF THE PERSON OF THE PERS		
	7a			0	ESTATE OF THE	SALIS ROBAL S	The state of the s
	1 a	assets other than inventory					
	b	Less: cost or other basis	0 0				
	D	and sales expenses					
		Gain or (loss)	0 0				
	C						
	d	Net gain or (loss)		0			
o	0-	Consolination for the first transfer					
2	oa	Gross income from fundraising					
Š		events (not including \$ 0					
Z.		of contributions reported on line 1c).					
Other Revenu	la.	See Part IV, line 18					
9	þ	Less: direct expenses	b0				
	C	Net income or (loss) from fundraising events	. <u> </u>	0	VIOLENCE:		
	9a	Gross income from gaming activities.					
	1.	See Part IV, line 19	a 0				
	b	Less: direct expenses	b 0				
	C	Net income or (loss) from gaming activities .	·	0			
	iva	Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold	b 0	THE SET - WILL			
-	С	Net income or (loss) from sales of inventory		261			
-		Miscellaneous Revenue	Business Code	ALL SECTION			
		Other income	900099	1,075	1,075		
	b			0			
	С			0			
	d	All other revenue		0			
	е	Total. Add lines 11a-11d		1,075			
- 1	12	Total revenue. See instructions		128 361	152 266	0	

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to	o any line in this Pa	art IX		X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0		E XXVII XXII XXII XXII	
5	Compensation of current officers, directors,				
c	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0			
7	persons described in section 4958(c)(3)(B)	170,024	405 400	40.500	
8	Pension plan accruals and contributions (include	176,031	165,469	10,562	
0	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	17,569	16 515	1.054	
10	Payroll taxes	15,889	16,515 14,936	1,054	
11	Fees for services (non-employees):	15,889	14,936	953	
a	Management	0			
b	Legal	0			
c	Accounting	9,080	8,535	545	
d	Lobbying	9,080	0,000	343	
e	Professional fundraising services. See Part IV, line 17.	0		LINE WINDSHIP OF THE PARTY OF T	
f	Investment management fees	0		S. H. C. S.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
a	(A) amount, list line 11g expenses on Schedule O.)	49,846	49,846	0	
12	Advertising and promotion	4,487	2,244	0	2,243
13	Office expenses	11,629	11,164	465	2,270
14	Information technology	0	71,101	100	
15	Royalties	0			
16	Occupancy	37,000	34,780	2,220	
17	Travel	23,368	23,368		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	14,460	14,460		
20	Interest	135	130	5	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,667	10,027	640	0
23	Insurance	3,197	3,005	192	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Scholarships/sponsorships	18,493	18,493		
b	Trainer fees	63,996	63,996		
С	Board expenses	2,746	2,581	165	
d	Telephone	1,880	1,767	113	
е	All other expenses	3,868	3,496	372	
25	Total functional expenses. Add lines 1 through 24e	464,341	444,812	17,286	2,243
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

2 Savings and temporary cash investments			Check if Schedule O contains a response o	r note to a	any line in this Part X	:al		
2 Savings and temporary cash investments.						(A)		(B)
3 Piedges and grants receivable, net. 0 3 1		1	Cash—non-interest-bearing	01 00 1880: 38		205,113	1	162,863
4 Accounts receivable, net. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons describable from other disqualified persons (as defined under section 4958(f)(1)), persons describable from other disqualified persons (as defined under section 4958(f)(1)), persons describable from their disqualified persons (as defined under section 4958(f)(1)), persons describable from their disqualified persons (as defined under section 4958(f)(1)), persons describable from their disqualified persons (as defined under section 4958(f)(1)), persons describable from their disqualified persons (as defined under section 4958(f)(1)), persons describable from their disqualified persons (as defined under section 4958(f)(1)), persons describable from their disqualified persons (as defined under section 4958(f)(1)), and contributing employers and sponsoring organizations of section 4958(f)(1), persons describable from their disqualified persons organization section 4958(f)(1), persons describable from their disqualified persons described from their disqualified persons described from their disqualified persons. On their disqualified persons described persons descri		1				0	2	
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 0 5		3	Pledges and grants receivable, net			0	3	0
trustees, key employees, and highest compensated employees. Compilete Part II of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4585(f)(1)), persons described in section 4585(c)(3)(8), and contributing employers and sponsoring organizations of section 50(c)(9) whatnay employees beneficiary organizations (see instructions). Compilete Part II of Schedule L. 7 Notes and loans receivable, net. 9 Prepaid expenses and deferred charges. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Compilete Part IV of Schedule D. 10a Loss accumulated depreciation. 10b 44,233 11c Investments—publicity traded securities. 11 Investments—publicity traded securities. 12 Investments—publicity traded securities. 13 Investments—publicity received securities. 14 Intangible assets. 15 Other assets. See Part IV, line 11 16 Other assets. See Part IV, line 11 17 Accounts payable and accrued expenses. 18 Orants payable and accrued expenses. 19 Deferred revenue. 10 Tax-exempt bond liabilities. 10 Tax and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Compilete Part IV of Schedule D. 20 Tax-exempt bond liabilities. 10 Deferred revenue. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Secured mortages and notes payable to unrelated third parties. 23 Secured mortages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (noting federal incomer tax, payables to related third parties. 26 Total liabilities. Add lines 17 through 25. 27 Unrestricted net assets. 28 Eggs and notes payable to unrelated third parties. 29 Parmanently restricted net assets. 20 Capalizations that follow SFAS 117 (ASC 958), check here Part Arc Schedule D. 20 Tax-exempt bond liabilities. 21 Total liabilities (noting federal incomer tax, payables to a		1	Accounts receivable, net			8,425	4	9,529
Complete Part II of Schedule L. 6 Lans and other receivables from cher disqualified persons (as defined under section 4988(0(1))), persons described in section 4989(0(3)(8), and contributing employers and sponsoring organizations of section 501(0(9)) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L. 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D. 10b Less: accumulated depreciation. 11 Investments—publicly traded securities. 12 Investments—publicly traded securities. 13 Investments—program-related. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 15 Other assets. See Part IV, line 11. 16 Other assets. See Part IV, line 11. 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Defered revenue. 10 18 Grants payable. 10 19 Defered revenue. 10 19 Defered revenue. 10 19 Defered revenue. 10 19 Defered revenue. 11 Escrow or custodial account liability. Complete Part IV of Schedule D. 12 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D. 18 Secured mortgages and notes payable to unrelated third parties. 19 Defered revenue. 20 Unsecured notes and loans payable to unrelated third parties. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D. 20 Total liabilities. Add lines 17 through 29, and lines 33 and 34. 21 Unrestricted net assets. 22 Temporarily restricted net assets. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unrestricted net assets. 25 Other liabilities of including federal income or former land complete lines 30 through 34. 26 Temporarily restricted net assets. 27 Organizations that 6 not follo		5					134	
Section Complete								
4958(f(f(1)), persons described in section 4958(c(3)(3), and contributing employers and sponsoring organizations of section 5010(c(9)) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L						0	5	
Prepaid expenses and deferred charges 4,828 9 5,000	ets	6	4958(f)(1)), persons described in section 4958(c)(3)(B), a	and contribu	iting employers and			
Prepaid expenses and deferred charges 4,828 9 5,000						0	6	
Prepaid expenses and deferred charges 4,828 9 5,000	SS	7	Notes and loans receivable, net			0	7	0
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 65,654 10b 44,233 27,872 10c 21,421 11 Investments—publicity traded securities 0 11 0 12 0 12 0 13 10 14 13 10 14 10 13 10 14 10 13 10 14 10 13 10 14 10 13 10 14 10 14 10 15 10 15 10 15 10 15 10 16 15 10 16 15 10 16 16 16 16 16 16 16	٩	8	Inventories for sale or use			0	8	
10a		9	Prepaid expenses and deferred charges			4,828	9	5,009
b Less: accumulated depreciation. 10b 44,233 27,872 10c 21,421 1 Investments—publicly traded securities. 3 0 11 0 12 0 12 12 13 Investments—publicly traded securities. 3 0 11 0 12 0 12 13 Investments—program-related. See Part IV, line 11 0 13 0 13 0 14 14 1 14 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15		10a	Land, buildings, and equipment: cost or				PART.	
11 Investments—publicly traded securities 0 11 0 0 12 12 12 12				10a	65,654			
12 Investments—other securities. See Part IV, line 11 0 12 0 13 0 14 14 14 14 14 14 15 15		b				27,872	10c	21,421
13 Investments—program-related. See Part IV, line 11		1	Investments—publicly traded securities			0	11	0
14		1.				0	12	0
15 Other assets. See Part IV, line 11. 2,800 15 2,800 16 201,622 17 Accounts payable and accrued expenses 328 17 0 0 18 18 Grants payable 0 18 0 20 20 20 20 20 20 20		1		0	13	0		
16		11	Intangible assets		0	14	0	
17		1	Other assets. See Part IV, line 11			2,800		2,800
18 Grants payable 0 18 19 Deferred revenue 0 19 20 Tax-exempt bond liabilities 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 23 Secured mortgages and notes payable to unrelated third parties 0 24 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0 25 0 26 Total liabilities. Add lines 17 through 25 11,436 26 0 Organizations that follow SFAS 117 (ASC 958), check here		_	Total assets. Add lines 1 through 15 (must equ	al line 34)	<i> </i>			201,622
19 Deferred revenue		ı				328		0
20 Tax-exempt bond liabilities		1	Grants payable					
21 Escrow or custodial account liability. Complete Part IV of Schedule D		1	Deferred revenue					
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. Secured mortgages and notes payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. Temporarily restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds. Capital stock or trust principal, or current funds. Capital stock or trust principal, or current funds. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. 237,602 33 201,622		l .						
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	(0			0	21			
24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. Corganizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 30 Capital stock or trust principal, or current funds. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 O 24 O 0 24 O 0 25 O 0 26 D 0 0 27 Unstructed here accumulated third parties. 0 25 O 0 11,436 26 O 0 11	tie	22	Loans and other payables to current and former	directors,				
24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. Corganizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 30 Capital stock or trust principal, or current funds. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 O 24 O 0 24 O 0 25 O 0 26 D 0 0 27 Unstructed here accumulated third parties. 0 25 O 0 11,436 26 O 0 11	Pill						-	
24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. Corganizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 30 Capital stock or trust principal, or current funds. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 O 24 O 0 24 O 0 25 O 0 26 D 0 0 27 Unstructed here accumulated third parties. 0 25 O 0 11,436 26 O 0 11	<u>ia</u>	22					-	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D								
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. Temporarily restricted net assets. Permanently restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Organizations that follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Organizations that follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Organizations that follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Organizations that follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Organizations that follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Organizations that follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Organizations that follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Organizations that follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Organizations that follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.						0	24	0
Part X of Schedule D		23						
Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Interport of the structure of the stru							25	0
Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		26						
251,002 35 201,022	sec		Organizations that follow SFAS 117 (ASC 958	3), check l	2.00	11,430		
251,002 35 201,022	an	27	Unrestricted net assets			155,266	27	145.379
251,002 35 201,022	Bal	28						
251,002 35 201,022	٦	29	Permanently restricted net assets		8 8			
251,002 35 201,022	or Ful		Organizations that do not follow SFAS 117 (ASC958),		Section 1			
251,002 35 201,022	ets	30	Capital stock or trust principal, or current funds.			0	30	
251,002 35 201,022	155	31						
251,002 35 201,022	it A	32						
	Se	33	Total net assets or fund balances	92.39			_	201,622
		34	Total liabilities and net assets/fund balances					

Form	990 (2017) NH Alcohol & Drug Abuse Counselors Association	5:	2-1508299	Pa	ge 12
Par	t XI Reconciliation of Net Assets				3.
	Check if Schedule O contains a response or note to any line in this Part XI	6.90			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		42	8,361
2	Total expenses (must equal Part IX, column (A), line 25)	2		46	4,341
3	Revenue less expenses. Subtract line 2 from line 1	3			5,980
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,602	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		201	1,622
Рап	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	*	(a): (a) (b) (b)		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
2-	Schedule O.				3417
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			201	NIV
	Separate basis Doth consolidated and separate basis			E)	9,44
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:		-55A0		35
	X Separate basis			9//3	-ATT
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		315		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			183/1	BAI
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	* 185 *	3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b		

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

NH Alcohol & Drug Abuse Counselors Association

Employer identification number 52-1508299

Da	rt I Reason for Public Cha	seles Cantura /All a				02 1	000233	_			
_	rt I Reason for Public Cha organization is not a private found	ation because it is:	For lines 1 through 12	omplete	this part.) See instructions					
1	A church, convention of church	alion because it is. (of churches described	, cneck or	ily one bo	X.)					
2	A school described in section)(A)(1).					
3			,		, ,						
	A hospital or a cooperative ho					•					
4	A medical research organizat hospital's name, city, and stat	e:				·					
5	An organization operated for section 170(b)(1)(A)(iv). (Co	mplete Part II.)					cribed in				
6	A federal, state, or local gove	nment or governme	ntal unit described in s	ection 17	'0(b)(1)(A)(v).					
7	X An organization that normally described in section 170(b)(1	receives a substant)(A)(vi). (Complete	ial part of its support fr Part II.)	om a gove	ernmental	unit or from the gene	eral public				
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:										
10	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
11	An organization organized and	d operated exclusive	ely to test for public saf	ety. See <mark>s</mark>	ection 50	9(a)(4).					
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а	Type I. A supporting organithe supported organization organization. You must co	zation operated, sup (s) the power to regu mplete Part IV, Sec	pervised, or controlled ularly appoint or elect a tions A and B.	by its sup a majority	ported org of the dire	anization(s), typically ectors or trustees of t	y by giving he supporting				
b	Type II. A supporting organ control or management of t organization(s). You must	he supporting organ	ization vested in the sa	ion with its ame perso	s supporte ons that co	ed organization(s), by ontrol or manage the	having supported				
С	Type III functionally integrated its supported organization(s	rated. A supporting	organization operated	in connec	tion with, a	and functionally integ	rated with,				
d	Type III non-functionally i that is not functionally integred requirement (see instruction	ntegrated. A suppor rated. The organiza	ting organization operation generally must sat	ated in co	nnection w	vith its supported org	anization(s) entiveness				
е	Check this box if the organi functionally integrated, or T	zation received a wr	itten determination fro	m the IRS	that it is a	Type I, Type II, Typ	e III				
f	Enter the number of supported	organizations						0			
g	Provide the following information	n about the support	ed organization(s).								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)				
				Yes	No						
(A)											
(B)								_			
(C)											
(D)				 							
(E)								-			
Total				na char							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ection A. Public Support					6	
Ca	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		192,855	198,854	373,035		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.		192,000	190,004	373,033	274,834	1,039,57
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3	0	192,855	198,854	373,035	274,834	1,039,57
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		Wild do use				1,039,578
	ction B. Total Support endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(=) 2015	(4) 2040	(-) 0047	(0 T. I. I
7	Amounts from line 4	(a) 2013	192,855	(c) 2015	(d) 2016	(e) 2017	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .	0	192,655	198,854	373,035	274,834	1,039,578
9	Net income from unrelated business activities, whether or not the business is regularly carried on						C
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				750	1,075	1,825
11	Total support. Add lines 7 through 10		12 22 5 17				1,041,403
12 13	Gross receipts from related activities, etc. (se First five years. If the Form 990 is for the or organization, check this box and stop here.	ganization's first, s	econd, third, fourth,	or fifth tax year as	a section 501(c)(3)	. a . v .>
	ction C. Computation of Public Sup	tte vita and a second	*				
15	Public support percentage for 2017 (line 6, or Public support percentage from 2016 Schedu 23.4/3% approximately 2017 (fifty percentage)	ıle A, Part II, line 14	1		[14 15	99.82% 96.28%
	33 1/3% support test—2017. If the organization qualifies as and stop here. The organization qualifies as 33 1/3% support test—2016. If the organization qualifie	a publicly supporte	ed organization a box on line 13 or 1			check this	C /UNIO POPE
17a	10%-facts-and-circumstances test—2017 is 10% or more, and if the organization meets Part VI how the organization meets the "facts organization	. If the organization the "facts-and-circ and-circumstance	did not check a box cumstances" test, ch s" test. The organiza	on line 13, 16a, on the contract of the contra	or 16b, and line 14 stop here. Explain publicly supporte	i n in ed	
b	10%-facts-and-circumstances test—2016. 15 is 10% or more, and if the organization me Explain in Part VI how the organization meets supported organization	If the organization eets the "facts-and- othe "facts-and-circ	did not check a box circumstances" test cumstances" test. Tr	on line 13, 16a, 1 , check this box an ne organization qua	l 6b, or 17a, and line al stop here. alifies as a publici	ne y	
18	Private foundation. If the organization did no instructions	ot check a box on li	ne 13, 16a, 16b, 17	a, or 17b, check th	nis box and see		

Schedule A (Form 990 or 990-EZ) 2017 NH Alcohol & Drug Abuse Counselors Association

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	9	(4.)(—)	
(Complete only	if you checked the box or	n line 10 of Part I or if the organization failed to qualif	v under Part II.
		ne tests listed below please complete Part II \	•

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees					1.7.	(-)/
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
~	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
,							
	furnished by a governmental unit to the						
_	organization without charge						(
0	Total. Add lines 1 through 5	0	0	0	0	0	(
/a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						(
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	0	0	0	0	0	C
8	Public support (Subtract line 7c from						
	line 6.)						0
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						-
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business	-		- 0		U	
	activities not included in line 10b, whether						
	or not the business is regularly carried on			1	-		0
12	Other income. Do not include gain or						0
1 /	loss from the sale of capital assets						
	(Explain in Part VI.)	10			1		
13							0
13	Total support. (Add lines 9, 10c, 11,					_	
14	and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the org	janization's first, se	econd, third, fourth,	or fifth tax year as	s a section 501(c)(3)	34500
0	organization, check this box and stop here.				E CR - 8.5	# (# 166" - 18 - 1361 -	x . 32 6 D
	tion C. Computation of Public Sup						
15	Public support percentage for 2017 (line 8, col	lumn (f) divided by	line 13, column (f))		£ 50 £	15	0.00%
16	Public support percentage from 2016 Schedul	e A, Part III, line 1	5		9 :90	16	0.00%
	tion D. Computation of Investment					-	
17	Investment income percentage for 2017 (line	10c, column (f) divi	ded by line 13, colu	ımn (f))		17	0.00%
18	Investment income percentage from 2016 Sch	edule A, Part III, li	ne 17		[18	0.00%
19a	33 1/3% support tests—2017. If the organiza	ation did not check	the box on line 14,	and line 15 is mo	re than 33 1/3%, a	nd line 17 is	
	not more than 33 1/3%, check this box and sto	op here. The orga	nization qualifies as	a publicly suppor	rted organization.	100	
b	33 1/3% support tests—2016. If the organiza	ation did not check	a box on line 14 or	line 19a, and line	16 is more than 3	3 1/3%, and	
	line 18 is not more than 33 1/3%, check this bo	ox and stop here.	The organization q	ualifies as a public	cly supported orga	nization	▶
	Private foundation. If the organization did no						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	-5%	3/45	62,
	1		
	2	= 0	Dane.
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	3b		-
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	5c		
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			LINE.
	9a		
	9b		
	00	SEALING	
	9c		20
	10a		
	175		1311
	10b		

Par	Supporting Organizations (continued)			
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	the state of the s			BE
h	below, the governing body of a supported organization?	11a		
b	,	11b		
Sec	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Oec	Alon B. Type i Supporting Organizations		V	3.1
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1000	Yes	NO
·	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	37.5		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	795		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1816		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	2000	
2	Did the organization operate for the benefit of any supported organization other than the supported		CRE	01
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		-	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			E
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Ab	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		6,1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		1.0	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		-
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		-
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	1 2 3 4	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		2583
Sect	ion E. Type III Functionally Integrated Supporting Organizations	0		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	rtions	-	
а	The organization satisfied the Activities Test. Complete line 2 below.	,,,,,,,,	/-	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С				
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruci	ions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			A G
	how the organization was responsive to those supported organizations, and how the organization determined	44	8	
la.	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		300	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
3	activities but for the organization's involvement.	2b	-	n a De
a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers. Himself and the officers of the officers.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	2	2030 9	171
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	400	100
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	20113	
	, in the payor of the organization in this loyard,	1/1/	- 1	

1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	on Nov. 20, 1970 (explain	
instructions. All other Type III non-functionally integrated supporting orga Section A - Adjusted Net Income	anization	s must complete Sections (A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(Optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	1		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	(
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	Estato		ELLER MERCHANISM
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	C
e Discount claimed for blockage or other		EN SECTION OF STREET	
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	18	CENTRAL DESCRIPTION	
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional instructions).	ly integra	ated Type III supporting o	

Pan	y Type III Non-Functionally Integrated 509(a)(3	 Supporting Organ 	izations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	d	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ations	
4				
5				
6				
7				
8		he organization is respon	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount			0.000
	and a contract of the action		(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			0
	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause requiredexplain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а		Mary 1 and 1 position		
b	From 2013 0			SHOULD LONG THE SECTION
С	From 2014 0			
d	From 2015			
е	From 2016 0			
	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years	Unit 4 fines with 1 St	0	
	Applied to 2017 distributable amount			0
i	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2017 from			
	Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
	Applied to 2017 distributable amount	THE RESERVE TO SERVE HER		0
	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2017, if	SURE OF THE PARTY		
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2017. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3			X I ELIS EZ LING SEZ LIN
,	and 4c.			
8	Breakdown of line 7:	0		
a	Excess from 2013			
a	Excess from 2014			
c				
<u>e</u>	Excess from 2017 0	COLUMN ENGLISHED A	contract of the factor	WARRY TO THE

	orm 990 or 990-EZ) 2017 NH Alcohol & Drug Abuse Counselors Association	52-1508299	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	17a or 17b; Part	
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; F	Part IV. Section	
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E	F lines 1c 2a 2b	
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and	Part V Section F	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	rait v, occilon L,	
-	and any art are the complete the part for any additional monifold (Occ methodions.)		
Part II Sect	on B Line 10 Miscellaneous Income \$1075.		
1 411 11 0000	on b Line to Miscellaneous income \$ 1075.		
	**		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		***************************************	
·			

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Nam	e of the organization	Employer identification number
NH	Alcohol & Drug Abuse Counselors Association	52-1508299
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Fu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control	? Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant f	unds can be
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or	for any other
	purpose conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		n of a historically important land area
		n of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
2	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or term	inated by the organization during
4	the tax year	
4 5	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection,	
6	violations, and enforcement of the conservation easements it holds?	
O	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in manifesture inspection to a allow of table	
,	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conse \$\infty\$	rvation easements during the year
8		1 470/L-\/ 4\/D\/:\
•	Does each conservation easement reported on line 2(d) above satisfy the requirements of and section 170(h)(4)(B)(ii)?	section 170(n)(4)(B)(I)
9	In Part XIII, describe how the organization reports conservation easements in its revenue a	· · · · · · · L Yes L No
•	balance sheet, and include, if applicable, the text of the footnote to the organization's finar	and expense statement, and
	the organization's accounting for conservation easements.	iciai statements that describes
Par	Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Ottlei Silillai Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rev	venue statement and halance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education	n or research in furtherance
	of public service, provide, in Part XIII, the text of the footnote to its financial statements that	of describes these items
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue	in estatement and halance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, educatio	n or research in furtherance
	of public service, provide the following amounts relating to these items:	n, or researon in futule affect
	(i) Revenue included on Form 990, Part VIII, line 1	•
	(ii) Assets included in Form 990, Part X	• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of art, historical treasures, or other similar assets	s for financial gain, provide the
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these iter	ne.
а	Revenue included on Form 990, Part VIII, line 1	NO.
b	Assets included in Form 990, Part X	• • • • • • • • • • • • • • • • • • •

Pai	t III Organizations Maintaining (	Collections of A	Art, Histo	rical Tre	easures, or	r Other	Similar Ass	ets (con	tinued)
3	Using the organization's acquisition, ac								
	collection items (check all that apply):		-						
а	Public exhibition		d	Loan	or exchange	e progra	ms		
b	Scholarly research		e	Other	r				
С	Preservation for future generation	ons							
4	Provide a description of the organization XIII.	on's collections and	d explain h	low they f	urther the or	ganizatio	on's exempt pu	rpose in f	⊃art
5	During the year, did the organization so assets to be sold to raise funds rather								Yes No
Par	t IV Escrow and Custodial Arran								
	Complete if the organization a 990, Part X, line 21.		on Form 9	990, Parl	t IV, line 9,	or repo	rted an amou	nt on Fo	orm
1a	Is the organization an agent, trustee, c	ustodian or other i	ntermediar	y for cont	ributions or o	other as:	sets not		
	included on Form 990, Part X?							so	Yes No
b	If "Yes," explain the arrangement in Pa	rt XIII and complet	te the follow	wing table	);				
								Amount	
2	Beginning balance								
d e	Additions during the year								
f	Ending balance								
2a	Did the organization include an amount								res X No
b									
0	If "Yes," explain the arrangement in Par	nt Alli. Check here	ii the expi	anation na	as been prov	riaea on	Part XIII .	3 8	·
Part	V Endowment Funds. Complete if the organization a	noward "Vas" a	n Farm C	\00 Dest	IV line 40				
	Complete if the organization a	(a) Current year	(b) Pric		(c) Two year		(d) Three years ba	ok (a) F	our years back
1a	Beginning of year balance	(a) Current year		0 year		o Dack	(d) Tillee years ba	0	Our years back
b	Contributions					- 0		-0	
c	Net investment earnings, gains,				-				
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	0		0		0		0	0
2	Provide the estimated percentage of the			ine 1g, co	olumn (a)) he	eld as:			
a b	Board designated or quasi-endowment  Permanent endowment		%						
C	Temporarily restricted endowment	<u>%</u>							
•	The percentages on lines 2a, 2b, and 2		1%						
3a	Are there endowment funds not in the p	•		n that are	held and ad	minister	ed for the		
	organization by:		Ü						Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related org					(8)		3b	
4	Describe in Part XIII the intended uses		's endown	nent funds	S				
Part				00 D 1	D 7 12 - 4.4	0 5	000 5		40
	Complete if the organization ar								
	Description of property	(a) Cost or ot		. ,	st or other s (other)		Accumulated epreciation	(d) B	Book value
1a	Land		0	DGGIG	0	V 45-53	E BUENAL		0
b	Buildings		0		0		0		0
С	Leasehold improvements		0		0		0		0
d	Equipment		0		65,654		44,233		21,421
е	Other		0		0		0		0
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	0, Part X,	column (E	3), line 10c.)		. a a ▶		21,421

Part VII Investments—Other Securities.

(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0	<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value	(c) Method of va Cost or end-of-year	
(3) Other	(1) Financial derivatives	(		
(3) Other   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)   (1)	(2) Closely-held equity interests	C		
(A)	100 Aug.			
(S)				
(5)   (5)   (6)   (7)   (8)   (9)   (9)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)				
(E)	(C)			
(F) (G) (H) (Column (a) must equal Form 990, Part X cot. (B) line 12.) ▶ 0				
(F)				
Column (b)   must equal Form 990, Part X, col. (B) line 12.)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total. (Column (c) must equal Form 990, Part X, col. (B) line 15.)   Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   Total. (Column (c) must equal Form 990, Part X, col. (B) line 15.)   Total. (Column (c) must equal Form 990, Part X, col. (B) line 15.)   Total. (Column (c) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (c) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (c) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (c) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (c) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (c) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (c) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (c) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (c) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (c) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (c) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (c) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (c) must equal Form 990, Part X, col. (B) line 25.)   Total. (Column (c) must equal Form 990, Pa	(G)			
Investments	26. 0.			
Investments	Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line (a) Description of investment (b) Book value (c) Method of valuation:				
(a) Description of investment (b) Book value Cost or end-di-year market value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (9) (1) (1) (9) (1) (1) (9) (1) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (4) (5) (6) (7) (7) (8) (8) (8) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		red "Yes" on Form 99	0, Part IV, line 11c. See Form	990, Part X, line 13
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 0  Part X  Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) . ▶  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal income taxes 0 (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) Federal income taxes 0 (9) (1) Federal income taxes 0 (1) Federal income taxes 0 (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) Federal income taxes 0 (1) Federal income taxes 0 (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) Federal income taxes 0 (9) (1) Federal income taxes 0 (1) Federal income taxes 0 (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) Federal income taxes 0 (1) Federal income taxes 0 (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (1) Federal income taxes 0 (1) Federal income taxes 0 (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (1) Federal income taxes 0 (1) Federal income taxes 0 (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (1) Federal income taxes 0 (1) Federal income taxes 0 (2) (3) (4) (4) (5) (6) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7			(c) Method of va	luation:
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Line 25.   1.   (a) Description of liability   (b) Book value   (1) Federal income taxes   0   (2)   (3)   (4)   (5)   (6)   (6)   (7)   (8)   (9)   (9)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)		rad "Vas" on Form 000	Dort IV line 11e er 11f Con	Corm 000 Dowl V
1. (a) Description of liability (b) Book value  (1) Federal income taxes 0 (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   (b) Book value  (b) Book value  0		ed les onronneso	o, Partiv, line Tie of Til. See	Form 990, Part A,
(1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)   fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  0		(b) Pook volus		
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0				
(3) (4) (5) (6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0		U		
(4) (5) (6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0				
(5) (6) (7) (8) (9)  fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0				
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0				
(7) (8) (9)  fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0				
(8) (9)  [otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0				
(9)  fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  0	(7)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0				
	(8)			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)			

	Reconciliation of Revenue per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Par		ne 12a		
1	Total revenue, gains, and other support per audited financial statements			1	443,321
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1500	140,021
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	14,960		
С	Recoveries of prior year grants	2c	11,000		
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	14,960
3	Subtract line 2e from line 1			3	428,361
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			(0)32(0)	120,001
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		UP SW	
b	Other (Describe in Part XIII.)	4b		Sall	
С	Add lines 4a and 4b		1 NO 1007 NO 1007 NO 1007	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	428,361
Par	t XII Reconciliation of Expenses per Audited Financial Statemer			r Return.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Complete if the organization answered "Yes" on Form 990, Part	t IV. lin	e 12a.		
1	Total expenses and losses per audited financial statements			1	479,301
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				,
а	Donated services and use of facilities	2a	14,960		
b	Prior year adjustments	2b	,		
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d	-		2e	14,960
3	Subtract line 2e from line 1			3	464,341
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			101,011
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	464,341
Par	XIII Supplemental Information.				.0.,01,
2; Pa 	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov				
					***

Schedule D (Fon	m 990) 2017	NH Alcohol & Drug Abuse Counselors Association	52-1508299	Page 5
Part XIII	Suppler	mental Information (continued)		
				<b></b>
		<del>-</del>		
			*********	
			*****	
			*	

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number NH Alcohol & Drug Abuse Counselors Association 52-1508299 Form 990, Part VI, Section B, Line 11b: The Executive Committee of the Board reviews the 990 before filing. Form 990, Part VI, Section B, Line 12c: Annually at the January board meeting, the conflict of interest policy is discussed and members are required to disclose any conflicts at that time. Also, as part of an external audit, board members are required to complete a conflict of interest questionnaire Form 990, Part VI, Section B, Line 15b: The personnel committe of the board reviews staff salaries and compares them to salaries of similar positions in the surrounding areas. A proposal is then presented to the board for approval. Form 990, Part VI, Section C, Line 19: Governing documents, policies and financial statements are available upon request. Form 990, Part IX, Line 11g: Training Fees

Contradit O (1 of m 350 of 350-L2) (2011)	Page Z
Name of the organization	Employer identification number
NH Alcohol & Drug Abuse Counselors Association	52-1508299
	02 1000200
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# Form 8868

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

electronic fil	ing of this form, visit www.irs.gov/efile, click	on Charitie	es & Non-Profits, and click on <i>e-file</i> t	or Chariti	es an	d Non-Profit	S.			
Automatic	6-Month Extension of Time. Only s	ubmit orig	ginal (no copies needed).							
	ons required to file an income tax return oth			artnership	os, Ri	EMICs, and				
trusts must	use Form 7004 to request an extension of t	ime to file i	ncome tax returns.							
	·			s identifyi	่ทg ทย	ımber, see in	structions			
Type or	or Name of exempt organization or other filer, see instructions.						er identification number (EIN) or			
print	NH Alcohol & Drug Abuse Counselors Ass	sociation		52-1508299						
return. See	Number, street, and room or suite no. If a P.O. box, see instructions.  Social sec					curity number (SSN)				
	130 Pembroke Road, Suite 100									
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
instructions.	Concord, NH 03301									
Enter the Re	eturn Code for the return that this applicatio	n is for (file	a separate application for each retu	rn)		* 161 * 191 *	01			
Application	1	Return	Application Return			Return				
Is For		Code	Is For			Code				
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)				07			
Form 990-B		02	Form 1041-A				08			
Form 4720		03	Form 4720 (other than individual)				09			
Form 990-P		04	Form 5227				10			
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11			
Form 990-T	(trust other than above)	06	Form 8870				12			
<ul><li>If the orga</li><li>If this is for</li></ul>	e No. (603) 225-7060  anization does not have an office or place or a Group Return, enter the organization's group, check this box	of business four digit G	Group Exemption Number (GEN)		BC S		is is attach a			
list with the r	names and EINs of all members the extens	ion is for.								
for the	est an automatic 6-month extension of time organization named above. The extension calendar year 20 17 or			ile the exe	empt	organization	return			
	tax year beginning, 20, and ending, 20,									
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period										
	application is for Forms 990-BL, 990-PF, 99	90-T, 4720,	or 6069, enter the tentative tax, less	3						
	onrefundable credits. See instructions.					\$	0			
	application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
	mated tax payments made. Include any prior year overpayment allowed as a credit.						0			
	ance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by									
using EFTPS (Electronic Federal Tax Payment System). See instructions.						\$	0			
-	ou are going to make an electronic funds withdra	awal (direct	debit) with this Form 8868, see Form 84	53-EO and	d Forn	n 8879-EO foi	Γ			
payment instru	uctions.									

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)