Schedule B  
(Form 990, 990-EZ, or 990-PF)  

Schedule of Contributors  

Name of the organization  
NH Alcohol & Drug Abuse Counselors Association  

Employer identification number  
52-1508299  

Filers of:  
Form 990 or 990-EZ  

<table>
<thead>
<tr>
<th>Check</th>
<th>Section</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>X</td>
<td>501(c)(3)</td>
<td>(enter number) organization</td>
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<tr>
<td></td>
<td>4947(a)(1)</td>
<td>nonexempt charitable trust not treated as a private foundation</td>
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<tr>
<td></td>
<td>527</td>
<td>political organization</td>
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Form 990-PF  

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<tr>
<th>Check</th>
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<tr>
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<td>501(c)(3)</td>
<td>exempt private foundation</td>
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<td>4947(a)(1)</td>
<td>nonexempt charitable trust treated as a private foundation</td>
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<td>501(c)(3)</td>
<td>taxable private foundation</td>
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Department of the Treasury  
Internal Revenue Service  

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

Check if your organization is covered by the General Rule or a Special Rule.  

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  

**General Rule**  

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.  

**Special Rules**  

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.  

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
### Part I  Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>(a) Name, address, and ZIP + 4</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
</table>
| 1   | JSI Research and Training Institute  
501 South St, 2nd Floor  
Bow  
NH 03304  
Foreign State or Province:  
Foreign Country:  | JSI Research and Training Institute  
501 South St, 2nd Floor  
Bow  
NH 03304  
Foreign State or Province:  
Foreign Country:  | $418,900 | Person ☑  
Payroll ☐  
Noncash ☐ |
| 2   | Community Health Services Network  
67 Water St, Suite 105  
Laconia  
NH 03246  
Foreign State or Province:  
Foreign Country:  | Community Health Services Network  
67 Water St, Suite 105  
Laconia  
NH 03246  
Foreign State or Province:  
Foreign Country:  | $18,898 | Person ☑  
Payroll ☐  
Noncash ☐ |
| 3   | UNH - Institute on Disability  
10 West Edge Dr, Suite 101  
Durham  
NH 03824  
Foreign State or Province:  
Foreign Country:  | UNH - Institute on Disability  
10 West Edge Dr, Suite 101  
Durham  
NH 03824  
Foreign State or Province:  
Foreign Country:  | $23,979 | Person ☑  
Payroll ☐  
Noncash ☐ |

Foreign State or Province:  
Foreign Country:  

(personal data redacted)
### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

**Name of organization**
NH Alcohol & Drug Abuse Counselors Association

**Employer identification number**
52-1508299

#### Part II  Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
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### Part III

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
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**Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee**

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