

990-T

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

OMB No 1545-0687

2015

For calendar year 2015 or other tax year beginning 07-01, 2015, and ending 06-30 20 16

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service. Check box if address changed. Exempt under section 501(c)(3). 408(e) 220(e). 408A 530(a). 529(a). Book value of all assets at end of year 7,308,641.

Name of organization Cocaine & Alcohol Awareness Program. Number, street, and room or suite no. 4041 Knight Arnold Road. City or town, state or province, country, and ZIP or foreign postal code Memphis, TN 38118.

D Employer identification number 62-1401699. E Unrelated business activity codes.

F Group exemption number. G Check organization type 501(c) corporation.

H Describe the organization's primary unrelated business activity.

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

The books are in care of Wali Shaheed Telephone number (901) 261-7501.

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income 147,144.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Rows 14-34. Total deductions 147,144.



Vertical text on the left margin: 4-87, ENVELOPE, RECEIVED DATE APR 27 2017, JUN 0 2017, SCANNED.

Handwritten number 140.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here. 36 Trusts Taxable at Trust Rates. See instructions for tax computation. 37 Proxy tax. See instructions. 38 Alternative minimum tax. 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 40b Other credits (see instructions). 40c General business credit. Attach Form 3800 (see instructions). 40d Credit for prior year minimum tax. 40e Total credits. Add lines 40a through 40d. 41 Subtract line 40e from line 39. 42 Other taxes. Check if from Form 4255, Form 8611, Form 8697, Form 8866, or Other. 43 Total tax. Add lines 41 and 42. 44a Payments. A 2014 overpayment credited to 2015. 44b 2015 estimated tax payments. 44c Tax deposited with Form 8868. 44d Foreign organizations. Tax paid or withheld at source. 44e Backup withholding. 44f Credit for small employer health insurance premiums. 44g Other credits and payments. 45 Total payments. Add lines 44a through 44g. 46 Estimated tax penalty. Check if Form 2220 is attached. 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed. 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. 49 Enter the amount of line 48 you want credited to 2016 estimated tax or refunded.

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

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 3 Enter the amount of tax-exempt interest received or accrued during the tax year.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year. 2 Purchases. 3 Cost of labor. 4a Additional section 263A costs (attach schedule). 4b Other costs (attach schedule). 5 Total. Add lines 1 through 4b. 6 Inventory at end of year. 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature] Date: 4/25/2017 Title: INTERNAL AUDITOR. May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only. Firm/Type preparer's name, Preparer's signature, Date: 04-24-2017, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no: 901-261-7502

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

(see instructions)

| | | |
|--|--|--|
| 1 Description of property | | |
| (1) 4041 AND 4029 KNIGHT ARNOLD ROAD | | |
| (2) | | |
| (3) | | |
| (4) | | |
| 2. Rent received or accrued | | |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | Total | |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . ▶ | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ |

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

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

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

| | | | | | |
|---|---|---|--|--|--|
| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
| | | 3 Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7 Taxable Income | 8 Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Totals ▶ | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) | |

990

Overflow Statement

2015
Page 1

Name(s) as shown on return

FEIN

Cocaine & Alcohol Awareness Program

62-1401699

PART 11, 2D

| Description | Amount |
|-------------------------|-------------------|
| UNRELATED RENTAL INCOME | \$ 147,144 |
| Total: | \$ 147,144 |

PART X11, LINE 2D

| Description | Amount |
|---------------------------|-------------------|
| UNRELATED RENTAL EXPENSES | \$ 147,144 |
| Total: | \$ 147,144 |