# **Return of Organization Exempt From Income Tax**

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

2015

OMB No 1545-0047

Department of the Treasury

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

Open to Public

interr	nai Rever	ue Service	▶ Informat	tion about Form 99	0 and its instruction	ns is at www.irs.gov	/form990.	insp	ection
A	A For the 2015 calendar year, or tax year beginning 07-01, 2015, and endin					ding 0	6-30 ,2016		
В	Check if	applicable (	C Name of organization Coca	aine & Alcoho	l Awareness H	rogram		D Employer ident	dification no
П	Address change Doing business as							62-140169	
$\overline{}$	Name ch	•	Number and street (or PO be	ov if mail is not delivered t	a street address)	<u>-</u>	Room/suite	E Telephone numi	
$\overline{\Box}$		-	1		o sireer address)			1	
_	Initial return 4041 Knight Arnold Road						300	(901)261-	
$\overline{}$		irn/terminated	City or town, state or province	•	ign postal code			6,046,	525
H	Amended	! return	Memphis, TN 38					G Gross receipts\$	
Ш	Application	on pending	F Name and address of principal	al officer Albert	t Richardson		H(a) Is this a group of	roturn for	_
			Same as C abov	re			H(a) Is this a group r subordinates?	Y	res 🛚 No
<u>L</u>	Tax-exem	npt status	501(c)(3) 501(c)(	) 🗖 (insert no )	4947(a)(1) or	527	H(b) Are all subordin	nates included? Y tach a list (see instruc	res 🗌 No
J	Website	► N/A					If "No," att	ach a list (see instruc on number	tions)
K	Farm of a	rganization X	Corporation Trust Ass	sociation Other		L Year of formation 19	81 M State of le	egal domicile TN	
	rt I	Summar					<u> </u>	<u></u>	
٠	11		be the organization's miss	ion or most significa	nt activities mo	DDOUTDE CHAME	OF MITE ADM I	DDIIC	
	'	•	<u> </u>	ū	==-	PROVIDE STATE			
Governance	- [		TATION SERVICES						
nar	- (		ADDITIONS AS WELL	L AS ASSISTIN	G THESE CLIEN	ITS IN FINDING	TEMPORARY A	ND PERMANEN	IT
/er		HOUSING.	<del></del>						
ó	2		ox 🕨 🔲 if the organization			of more than 25% of	its net assets		
જ	3	Number of ve	oting members of the gove	rning body (Part VI,	line 1a)		3		5
es	4	Number of in	idependent voting member	rs of the governing b	ody (Part VI, line 1b)		4		5
Σį	5	Total number	r of individuals employed in	n calendar year 2015	(Part V, line 2a)		5	· .	143
204¢tivities	6		r of volunteers (estimate if		<del></del>	<del></del>	6		
\$	7a	Total unrelate	ed business revenue from	Part VIII, column (C	), line <b>RECEIV</b>	ED		a	0
~	b		d business taxable income	13			71	ь	0
	1				ADD OO		Prior Year	Current Y	<u>-</u>
ନ୍ଦେ	8	Contributions	and grants (Part VIII, line	1h)	S APR 28	2017.   🗣     —	6,187,15		515,332
- j	9		vice revenue (Part VIII, line				0,10,,15	<u> </u>	0.10,002
en,	10	-	ncome (Part VIII, column (A	(1	" JOUEN				
<u>چن</u>	11		ie (Part VIII, column (A), Iir	. ))			1 004 00		204 140
II.	12		e - add lines 8 through 11 (		•		1,224,96		284,149
<u> </u>	<del></del>			<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>			7,412,11	·/5,8	399,481
<b>₹</b>	13		imilar amounts paid (Part I	• • •	•	<del> </del>		<del></del>	0
Ÿ	14	•	to or for members (Part I)			<del> </del>			0
Expenses SCAN NE Revenue,	15		er compensation, employed	•		"	2,621,06	56 2,7	744,716
Sus	)		fundraising fees (Part IX, o	, ,,					0
ă	1		sing expenses (Part IX, col			<u>0</u>			
ш	17	•	ses (Part IX, column (A), lir	· ·	•		· · · · · · · · · · · · · · · · · · ·		39,524
	18		es Add lines 13-17 (must				2,621,06	<del></del>	384,240
	19	Revenue less	s expenses Subtract line	18 from line 12 • •	· · · · · · · · · · · · · · · · · · ·	<del></del>	4,791,05	51 (4	184,759)
Net Assets or Fund Balances						В	eginning of Current Year		
sets	20		(Part X, line 16)				7,522,04	12 7,3	308,641
t As	21	Total liabilities	s (Part X, line 26)		· · · · · · · · · · · · · · · · · · ·	· · · · · · · <u> </u>	1,827,41	.3 2,1	.03,789
			fund balances Subtract I	ine 21 from line 20	· · · · · · · · · · · ·		5,694,62	9 5,2	04,852
	rt II		re Block						
Under	penalties orrect ar	s of perjury, I declar and complete. Declar	are that I have examined this return aration of preparer (other than office	n, including accompanying cer) is based on all inform	g schedules and statement	s, and to the best of my kno	wledge and belief, it is		
			(1/21) /	1.00		any monoago		10/- 5/	
C:	_		Y/ON JAVA	Y CPA				4/23/20	17
Sig		Signatur	of officer	7			Da	ite / /	
Her	e	Jønn,	Davis, INTERNAL	AUDITOR					
	1	Type of p	onnt name and title		<del></del>		<del></del>		
		Print/Type pre	parer's name	Preparer's signature		Date	Check If	PTIN	
Paid	t			_		04-24-2017	self-employed	t .	
Pre	parer	Firm's name	<b>&gt;</b>	<del></del>	<del></del>		Firm's EIN	<del></del>	
	Only		, <b>b</b>	<del></del>			Phone no	<del></del>	
	,	, ,,,,, 5 200,633	,			1		261_7502	
May	the IRS	discuse this	return with the preparer she	own above? /eee in	structions)		301-	.261-7502 ☑ Yes	No
way	ine into	uiacuaa (III8 I	ctorn with the preparer Sh	own above, (see In	andenons) · · ·	<del> </del>	· · · · · · · · · · ·	··· · M res	U NO

	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	,
	TO PROVIDE STATE OF THE ART DRUG REHABILITATION SERVICES FOR INDIVIDUALS SUFFERING FROM
	ALCOHOL, COCAINE AND OTHER DRUG RELATED ADDITIONS AS WELL AS ASSISTING THESE CLIENTS IN
	FINDING TEMPORARY AND PERMANENT HOUSING.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? ····································
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 1,553,303 including grants of \$ ) (Revenue \$ )
	PROVIDING RESIDENTIAL AND OUTPATIENT TREATMENT SERVICES. NUMBER OF CLIENTS SERVED IN THE PAST
	FISCAL YEAR: 1,966 SUCESS RATE 78%
4b	(Code ) (Expenses \$ 1.354.639 including grants of \$ ) (Revenue \$ )
4b	
4b	TRANSITIONAL HOUSING FOR THE HOMELESS WHO ARE SUFFERING FROM ADDICTION; SEPERATE PROGRAM
4b	TRANSITIONAL HOUSING FOR THE HOMELESS WHO ARE SUFFERING FROM ADDICTION; SEPERATE PROGRAM PROVIDING SAME SRVICES FOR VETS, CLIENTS SERVED 1,132; PUBLICATIONS AND BROCHEDURES: 671;
4b	TRANSITIONAL HOUSING FOR THE HOMELESS WHO ARE SUFFERING FROM ADDICTION; SEPERATE PROGRAM
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	TRANSITIONAL HOUSING FOR THE HOMELESS WHO ARE SUFFERING FROM ADDICTION; SEPERATE PROGRAM PROVIDING SAME SRVICES FOR VETS, CLIENTS SERVED 1,132; PUBLICATIONS AND BROCHEDURES: 671; SUCESS RATE 78%  (Code) (Expenses \$1,326,085 including grants of \$) (Revenue \$)
	TRANSITIONAL HOUSING FOR THE HOMELESS WHO ARE SUFFERING FROM ADDICTION; SEPERATE PROGRAM PROVIDING SAME SRVICES FOR VETS, CLIENTS SERVED 1,132; PUBLICATIONS AND BROCHEDURES: 671; SUCESS RATE 78%  (Code) (Expenses \$1,326,085 including grants of \$) (Revenue \$) PROVISION OF PERMANENT HOUSING FOR GRADUATES OF THE VARIOUS DRUG REHABILITATION PROGRAMS IN
	TRANSITIONAL HOUSING FOR THE HOMELESS WHO ARE SUFFERING FROM ADDICTION; SEPERATE PROGRAM PROVIDING SAME SRVICES FOR VETS, CLIENTS SERVED 1,132; PUBLICATIONS AND BROCHEDURES: 671; SUCESS RATE 78%  (Code ) (Expenses \$ 1,326,085 including grants of \$ ) (Revenue \$ ) PROVISION OF PERMANENT HOUSING FOR GRADUATES OF THE VARIOUS DRUG REHABILITATION PROGRAMS IN CONJUNCTION WITH VARIOUS DEPARTMWENTS OF HOUSING ADMINISTERED BY THE CITY OF MEMPHIS. ALSO,
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1c	TRANSITIONAL HOUSING FOR THE HOMELESS WHO ARE SUFFERING FROM ADDICTION; SEPERATE PROGRAM PROVIDING SAME SRVICES FOR VETS, CLIENTS SERVED 1,132; PUBLICATIONS AND BROCHEDURES: 671; SUCESS RATE 78%  (Code ) (Expenses \$ 1,326,085 including grants of \$ ) (Revenue \$ ) PROVISION OF PERMANENT HOUSING FOR GRADUATES OF THE VARIOUS DRUG REHABILITATION PROGRAMS IN CONJUNCTION WITH VARIOUS DEPARTMWENTS OF HOUSING ADMINISTERED BY THE CITY OF MEMPHIS. ALSO, PROVISION OF SERVICES FOR INDIVIDUALS AND FAMILIES WHO SUFFER FROM HIV AS WELL AS DOMESTICE VIOLENCE.CLIENTS SERVE: 241 SUCESS RATE: 80%
lc .	TRANSITIONAL HOUSING FOR THE HOMELESS WHO ARE SUFFERING FROM ADDICTION; SEPERATE PROGRAM PROVIDING SAME SRVICES FOR VETS, CLIENTS SERVED 1,132; PUBLICATIONS AND BROCHEDURES: 671; SUCESS RATE 78%  (Code ) (Expenses \$ 1,326,085 including grants of \$ ) (Revenue \$ ) PROVISION OF PERMANENT HOUSING FOR GRADUATES OF THE VARIOUS DRUG REHABILITATION PROGRAMS IN CONJUNCTION WITH VARIOUS DEPARTMWENTS OF HOUSING ADMINISTERED BY THE CITY OF MEMPHIS. ALSO, PROVISION OF SERVICES FOR INDIVIDUALS AND FAMILIES WHO SUFFER FROM HIV AS WELL AS DOMESTICE

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ candidates for public office? If "Yes," complete Schedule C, Part I .......... Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) . Χ election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 Χ 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Χ 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 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 9  $X_{-}$ debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Χ b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more 11b Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c . . . . . . . . . . . . . . d 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 169 If "Yes," complete Schedule D, Part IX 11d X 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 14b Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Χ assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 

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Part IV

Checklist of Required Schedules (continued)

Yes No Χ 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 2Qa, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 Χ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ . . . . . . . . . . . . . . . . . . . 23 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 Χ 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Χ Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Χ 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L. Part II 26 Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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 Χ 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Χ Χ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled 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 36 Χ 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, 38 Did the organization complete Schedule-O-and-provide explanations in Schedule O for Part VI, lines 11b and 38

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 Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g h 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 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... b 11 Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

Form 990 (2015) Cocaine & Alcohol Awareness Program Page 6 62-1401699 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? 7a Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X Each committee with authority to act on behalf of the governing body? Яb 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 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Χ 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization Χ If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Χ

#### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **TN**
- 18 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

Own website Another's website Dupon request Other (explain in Schedule O)

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records

Wali Shaheed (901)261-7501, 4041 Knight Arnold Road, Suite 300, Memphis, TN 38118

organization's exempt status with respect to such arrangements?

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Cocaine & Alcohol Awareness Program

2-1401699

age 7

Form 990 (2015)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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

				-	(C)					
(A)	(B)	Position		(D)	(E)	(F)				
Name and Title	Average	1 '	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated	
	hours per		officer and a director/trustee)				compensation	compensation from related	amount of other	
	week (list any hours for	<u> </u>					_	from related the organizations		compensation
	related organizations	Individual trustee or director	Instr	Officer	Key	emp High	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
•	below dotted	Entransis Entran		(VV-2/1099-MISC)		and related				
	line)	trus	Institutional trustee		Key employee	gm				organizations
		e	stee			ensa				
						fed				l
						[				
(1) Walter Diggs										
Chairman of the Board	ļ	X					_	0	0	0_
(2) Maeola Killebrew		\ ,,	1							
Secretary/Treasurer	<u> </u>	Х						0	0	0
(3) Alvin Moore		Х	- {							•
Director (4) Page and Marks	<del> </del>	<u> </u>	{				-	0	0	0
(4) Reginald Tate Director		Х						0	o	0
(5) Syed Salat		1	$\dashv$				-		<del>-</del>	
Director	h	Х						0	0	0
(6) Albert Richardson	50.00									
Executive Director				Χ				125,000	0	0
(7) Walı Shaheed	50.00									
Fiscal Officer	ļ			X				85,000	0	0
(8) John Davis	50.00		l							
INTERNAL AUDITOR	ļ. —			_X			_	65,000	0	0
(9)										
(10)	<del> </del>	<del></del>	$\dashv$							
110)		]	)	]					İ	
(11)	<del></del>		-1		_					
*			Ì							
(12)										
						]				
(13)	<del></del>		-	-	_		-			
							<u></u>			
(14)			1							

Page 8

Part	VII   Section A Officers, Directors, Trustees,	Key Employ	ees, ar	nd H	ighe	est C	Comp	ensa	ted Employees (	ontinued)			
	(A)  Name and title		(B) (C) Position  Average box, unless person is both an officer and a director/trustee)					(D) Reportable compensation	(E)  Reportable compensation from	(F) Estimated amount of			
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	$\vdash$	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	org ar	other hpensatio from the ganization nd related panization	on d
<u>(15)</u>			_		_	-				<u> </u>			
<u>(16)</u>						-	<u> </u>		, , , , , , , , , , , , , , , , , , ,				
<u>(17)</u>													
(18)										li .			
<u>(19)</u>				1					· · · · · · · · · · · · · · · · · · ·				
(20)_									<del> </del>				
(21)										· · · · · · · · · · · · · · · · · · ·			
(22)													
(23)													
(24)													
(25)							-						
1b c	Sub-total	n A · ·						<b>&gt;</b>					
d 2	Total (add lines 1b and 1c)			_					275,000 than \$100,000 of	0			0
	reportable compensation from the organization									2		Yes	No
3	Did the organization list any <b>former</b> officer, director, demployee on line 1a? If "Yes," complete Schedule J to			loyed	e, or	high	nest c	omp	ensated		3		Х
4	For any individual listed on line 1a, is the sum of reportangenization and related organizations greater than \$	ortable comp	ensatio				•						<del></del>
5	Individual										4		Χ
	for services rendered to the organization? If "Yes," co	-		-			-		· · · · · · · · · · · · · · · · · · ·		5		Χ
1	Complete this table for your five highest compensate compensation from the organization Report compensation										<del></del>		
	year (A)								(B)			(C)	
	Name and business address								Description of s	services	Comp	ensation	1
				_				_					
2	Total number of independent contractors (including b				sted	abo	ve) w	ho	<del></del>				

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII Total revenue Related or Unrelated Revenue exempt function revenue business excluded from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a 1b 1c 1d Related organizations . . . . . . . 1e Government grants (contributions) . . 3,615,332 All other contributions, gifts, grants, 1Ē and similar amounts not included above Noncash contributions included in lines 1a-1f \$ 3,615,332 Business Code Program Service Revenue 2a f All other program service revenue . . . . . . g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) . . . . . . . . . Income from investment of tax-exempt bond proceeds 5 (ı) Real (II) Personal 6a Gross rents . . . . . . . . 147,144 **b** Less rental expenses · · · · 147,144 c Rental income or (loss) · · · (147, 144)147.144 d Net rental income or (loss) · · · · · · · · · · · · · · · ▶ (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses · · · · c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV. line 18 · · · · · · · a c Net income or (loss) from fundraising events · · · · · · · ▶ 9a Gross income from gaming activities See Part IV, line 19 . . . . . . . . . . a **b** Less direct expenses . . . . . . . . b c Net income or (loss) from gaming activities · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances . . . . . . . . . a **b** Less cost of goods sold . . . . . . . . **b** c Net income or (loss) from sales of inventory · · · · · · · ▶ Miscellaneous Revenue **Business Code** 11a Client Fees 561000 132,485 132,485 <u>56</u>1000 b Vending and Payphones 13,888 13,888 C All Other 561000 2,137,776 2,137,776 d-All-other-revenue----e Total. Add lines 11a-11d 2,284,149 Total revenue See instructions 5,899,481 2,284,149 0

#### 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 any line in this Part IX (A) (B) (C) (D) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 5 Compensation of current officers, directors, 275,000 206,960 68,040 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 7 2,018,289 1,508,420 509,869 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 283,613 212,143 71,470 10 167,814 42,289 125,525 11 Fees for services (non-employees) а b 35,000 26,180 8,820 Accounting C 26,000 19,708 6,292 d Lobbying Professional fundraising services See Part IV, line 17 . f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 49,597 37,098 12,499 12 22,755 17,021 5,734 13 126,777 94,716 32,061 14 35,625 8,978 26,647 15 16 1,140,004 851,701 288,303 17 . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings <u>16,</u>268 12,168 4,100 20 51,802 38,748 13,054 21 22 Depreciation, depletion, and amortization ..... 338,723 253,365 85,358 23 Insurance 271,793 203,301 68,492 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) FOOD FOR CLIENTS 902,025 673,906 228,119 b OTHER CLIENT EXPENSES 48,330 36,161 12,169 C DEVELOPER FEES 74,355 55,618 18,737 d NEIGHBOR REHAB 186,283 139,340 46,943 All other expenses 229,140 314,187 85,047 25 Total functional expenses. Add lines 1 through 24e 6,384,240 4,767,866 1,616,374 0 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 - I if following SOP 98-2 (ASC 958-720)

Form 990 (2015)
Part X B

	Check if Schedule O contains a response or note to any line in this Part X			
	,	(A)		(B)
<del></del>		Beginning of year	<b> </b>	End of year
1	Cash - non-interest-bearing	574,141	1	201,52
2	Savings and temporary cash investments	1,319,975	2	
3	Pledges and grants receivable, net	341,434	3	196,90
4	Accounts receivable, net	14,173	4	22,88
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees		1	
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net	684,000	7	2,490,30
8 9 9 9	Inventories for sale or use	001,000	8	2,450,50
g 9	Prepaid expenses and deferred charges	6,089	9	
·	Land, buildings, and equipment cost or	0,003	1	
	other basis Complete Part VI of Schedule D   10a   8 , 448 , 850			
ь	Less accumulated depreciation · · · · · · · · · · · · · · · · 10b 4,051,825	4 500 000	10c	4 207 02
11	Investments - publicly traded securities	4,582,230	11	4,397,02
12	Investments - other securities See Part IV, line 11		12	·
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		<del>  -</del>	
16	·		15	
_	Total assets. Add lines 1 through 15 (must equal line 34)	7,522,042	16	7,308,64
18	Accounts payable and accrued expenses	182,596	17	822,17
19	Grants payable		18	
]	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability Complete Part IV of Schedule D		21	
i	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		22	
23	Secured mortgages and notes payable to unrelated third parties	724,303	23	483,15
i	Unsecured notes and loans payable to unrelated third parties	920,514	24	798,45
	Other liabilities (including federal income tax, payables to related third		F	
	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D · · · · · · · · · · · · · · · · · ·		25	
	Total liabilities. Add lines 17 through 25	1,827,413	26	2,103,78
. 1	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛚 and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	5,694,629	27	5,204,85
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
27 28 29 30 31 32	Organizations that do not follow SFAS 117 (ASC 958), check here  ▶ 🗌 and			
	complete lines 30 through 34.	i		
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	· -
33	Total net assets or fund balances	5,694,629	33	5,204,85
	Total liabilities and net assets/fund balances	7,522,042	34	7,308,64
<u>-</u>				Form <b>990</b> (20

		2-14016	399		ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> </u>	<u>. 🛛 </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,8	399,4	81
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,3	384,2	40
3	Revenue less expenses Subtract line 2 from line 1	3	(4	184,7	759)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,6	594,6	329
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		(5,0	18)
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	5,2	204,8	352
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
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 ~				
	Separate basis Separate basis Both consolidated and separate basis				
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		ļ	l i	
	Separate basis 🔯 Consolidated basis 🔲 Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		- 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	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?		. 3a	Х	
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	<u></u> .	. 3b	Χ	
EEA			Form	990 (2	2015)

#### · SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **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.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name	Name of the organization Employer identification number							
Coc	aır	ne & Alcohol Awareness Pi	rogram				62-1401	
Pa	<u>ırt l</u>	Reason for Public Charit	ty Status (All o	rganizations must o	complete	this pai	rt ) See instruction	ons
The	orga	inization is not a private foundation bed	ause it is (For line	s 1 through 11, check onl	y one box	)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))						
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization oper	rated in conjunction	with a hospital described	d in section	n 170(b)(1	)(A)(iii). Enter the	
		hospital's name, city, and state						
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
		section 170(b)(1)(A)(ıv). (Complete Part II )						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	X	An organization that normally receive	s a substantial part	of its support from a gov	ernmental	unit or from	m the general public	
		described in section 170(b)(1)(A)(vi)	. (Complete Part II	)				
8		A community trust described in section	on 170(b)(1)(A)(vi)	. (Complete Part II )				
9		An organization that normally receive	s (1) more than 33	1/3% of its support from	contributio	ns, memb	ership fees, and gros	SS
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ns, and (2	) no more	than 33 1/3% of its	
		support from gross investment incom	e and unrelated bu	siness taxable income (le	ess section	511 tax) fr	rom businesses	
		acquired by the organization after Jur	ne 30, 1975 See <b>s</b> e	ection 509(a)(2). (Comple	ete Part III	)		
10		An organization organized and operat	ted exclusively to te	est for public safety. See s	section 50	9(a)(4)		
11		An organization organized and operation	ted exclusively for t	he benefit of, to perform	the function	ns of, or to	carry out the purpos	es of
		one or more publicly supported organ	izations described	in section 509(a)(1) or s	ection 509	(a)(2) See	e section 509(a)(3).	Check
		the box in lines 11a through 11d that of	describes the type of	of supporting organization	and comp	olete lines	11e, 11f, and 11g	
	а	Type I. A supporting organization	operated, supervis	sed, or controlled by its si	apported or	rganızatıon	n(s), typically by giving	3
		the supported organization(s) the	power to regularly	appoint or elect a majorit	y of the dir	ectors or t	rustees of the suppor	rting
		organization You must complet	e Part IV, Sections	s A and B.				
	þ	Type II A supporting organization	n supervised or con	trolled in connection with	its suppor	ted organi	zation(s), by having	
		control or management of the sup	oporting organization	on vested in the same per	sons that o	control or r	nanage the supporte	d
		organization(s) You must comp	lete Part IV, Section	ons A and C.				
	C	Type III functionally integrated.	A supporting organ	nization operated in conn	ection with	, and funct	ionally integrated with	'n,
		its supported organization(s) (see	instructions) You	must complete Part IV,	Sections	A, D, and	E.	
	d	Type III non-functionally integra	ated. A supporting	organization operated in	connection	with its su	ipported organization	(s)
		that is not functionally integrated	The organization g	enerally must satisfy a di	stribution r	equiremen	it and an attentivenes	ss
		requirement (see instructions) You	ou must complete	Part IV, Sections A and	D, and Pa	art V.		
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III	
		functionally integrated, or Type III	•	tegrated supporting organ	nization			
	f	Enter the number of supported organi		• • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •
	g	Provide the following information about	ut the supported or	ganization(s)			<del></del>	<del>,</del>
	(1	) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the o	•	(v) Amount of monetary	(vi) Amount of
				above (see instructions))	docum	ir governing ent?	support (see instructions)	other support (see instructions)
					<u></u>			·
					Yes	No		ļ
(A)			:				}	
					<del> </del>	ļ	ļ	<del></del>
(B)					}			
(C)					ł			
				<del></del>		<del></del>	<del> </del>	<del> </del>
(D)							)	
			L	<del></del>	<del> </del> -	<del></del>	<del> </del>	<del> </del>
(E)					<u> </u>		<u> </u>	
	_		<del></del>				<del> </del>	<del> </del>
Total								

Schedule A (Form 990 or 990-EZ) 2015 Cocaine & Alcohol Awareness Program 62-1401699

[Part II] 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.)

Public Support

360	stion A. Public Support			<del> </del>		,	
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,872,817	4,737,753	4,398,621	6,187,154	3,615,332	22,811,677
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,872,817	4,737,753	4,398,621	6,187,154	3,615,332	22,811,677
5	The portion of total contributions by						
	each person (other than a						!
	governmental unit or publicly						III
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						97,854
6	Public support Subtract line 5 from line 4 · ·	<u></u>	l				22,713,823
	tion B. Total Support	1 20044	42.0040			1 1 2045	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,872,817	4,737,753	4,398,621	6,187,154	3,615,332	22,811,677
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	830,064	683,271	914,806	1,225,039	2,284,149	5,937,329
11	Total support. Add lines 7 through 10	-					28,749,006
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here		<u> </u>				▶ 🗍
	tion C. Computation of Public Su	<del>··</del>	<del></del>				
14	Public support percentage for 2015 (line 6, c	• •	•	•			79.01 %
15	Public support percentage from 2014 Sched				l l		85.54 %
16a	33 1/3% support test - 2015 If the organiza						
	box and stop here The organization qualified					<i>.</i>	▶ 🔼
b	33 1/3% support test - 2014. If the organiza			·			, n
47-	check this box and stop here. The organiza	•	* * * * * * * * * * * * * * * * * * * *	3			· · · · · • 📋
17a	10%-facts-and-circumstances test - 2015.	-					
	10% or more, and if the organization meets i				•		
	Part VI how the organization meets the "fact organization						▶ □
b	10%-facts-and-circumstances test - 2014.						
Ü	15 is 10% or more, and if the organization m	•			•	•	
	Explain in Part VI how the organization meet			•	•	v	
	supported organization						▶ □
18	Private foundation. If the organization did n						· · · ·
	instructions			•			▶ □

### SCHEDULE D (Form 990)

Department of the Treasury

## 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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection

OMB No 1545-0047

2015

Open to Public

Internal Revenue Service

	of the organization	Employer identification number
	caine & Alcohol Awareness Program	62-1401699
Pai	Companizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	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 donor advisors	sed
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purp	
	conferring impermissible private benefit?	
Pai	t 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)	
-		storically important land area
		ertified historic structure
	Preservation of open space	Stands flotone staded.
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	
	Number of conservation easements on a certified historic structure included in (a)	
۲, C	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	20
d		2d
2	<b>3</b> ···	L
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	e organization during the
,	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	Yes No
c	•	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
7	Amount of average and arranged as an advance are assets as bounding of a valeting and a few areas and a few ar	then exceeded during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserva	ation easements during the year
	<b>S</b>	0/5//////////
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 176	
^	and section 170(h)(4)(B)(II)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expens	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statement	ents that describes the
Dar	organization's accounting for conservation easements  III Organizations Maintaining Collections of Art, Historical Treasures,	or Other Similar Assets
Гаі		of Other Silillar Assets.
4-	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue state	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or resear	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes the	
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statemer	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or resear	rcn in turtherance of
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	Lifthe_organization_received_or_held_works_of_art,_historical_treasures,_or_other_similar_assets_for_financi	al.gain,-provide_the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	<b>&gt;</b> \$

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements	1	6,046,625
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	]	
C	Recoveries of prior year grants	]	
đ	Other (Describe in Part XIII )		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	147,144
3	Subtract line 2e from line 1	3	5,899,481
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	}	
b	Other (Describe in Part XIII )		
С 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	4c	
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	l l	5,899,481
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ici itci	<b></b>
1	Total expenses and losses per audited financial statements	1	6,531,384
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<del>  •  </del>	0,331,364
а	Donated services and use of facilities	j	
b	Prior year adjustments	1 1	
С	Other losses	1 1	
d	Other (Describe in Part XIII )	1 1	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	147,144
3	Subtract line 2e from line 1	3	6,384,240
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	1	
b	Other (Describe in Part XIII )		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	6,384,240
	rt XIII   Supplemental Information.	V 1	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	X, line	
2, Fai	TEXT, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information		
01.	Other revenues not included on Form 990 (Part XI, line 2d	)	
		·/	
THE	ER REVENUES NOT INCLUDED ON FORM 990, PART XI-RENTAL INCOME ON FORM 990T	\$	
_		· · · · · ·	
L47,	,144		
	<del></del>		·
			<del></del>

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# 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.

2015

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Employer identification number

Cocaine & Alcohol Awareness Program 62-1401699 01. Form 990 governing body review (Part VI, line 11) 01. THE AUDIT COMMITTEE, CONSISTING OF THE CHAIRMAN OF THE BOARD, THE EXECUTIVE DIRECTOR AND THE COMPLIANCE OFFICER MEET AND REVIEW THE PRELIMINARY 990 AFTER THE AUDITED FINANCIAL STATEMENTS HAVE BEEN ISSUED. THE PRELIMINARY 990 AND ALL SUPPORTING SCHEDULES ARE COMPARED TO THE AUDITED FINANCIAL STATEMENTS AND ADJUSTMENTS, IF ANY, ARE MADE AND THE RETURN IS SIGNED BY THE COMPLIANCE OFFICER AND FORWARDED TO THE IRS 02. Conflict of interest policy compliance (Part VI, line 12c) 02. THE ORGANIZATION MAINTAINS A FORMAL CONFLICT OF INTEREST POLICY WHERE EACH OFFICER AND DIRECTOR MUST SUBMIT ANNUAL FINANCIAL STATEMENTS, SIGNED UNDER PENALTY OF PERJURY, THAT THERE HAS NOT BEEN ANY DEALINGS WITH THE CORPORATION OTHER THAN PAYMENTS OF SALARIES FOR OFFICERS AND AN AGREEMENT TO SERVE AS A DIRECTOR WITHOUT ANY TYPE OF RENUMERATION. THE FINANCIAL STATEMENTS ARE REVIEWED BY THE COMPLIANCE OFFICER AND THE COMPLIANCE OFFICER'S STATEMENT IS REVIEWED BY THE CHAIRMAN OF THE BOARD. 03. CEO, executive director, top management comp (Part VI, line 15a) 03. THE COMPENSTATION OF THE EXECUTIVE OFFICER IS DETERMINING ANNUALLY BY THE COMPENSTATION COMITTEE WHICH CONSIST OF THE BOARD CHAIRMAN AND 2 DIRECTORS. THE OVERALL PERFORMANCE OF THE ORGANIZATION AND SALARIES OF OTHER CEO'S IN THE INDUSTRY AND THE METROPOLITAN AREA ARE TAKEN INTO CONSIDERATION IN MAKING SUCH DETERMINATION. 04. Other officer or key employee compensation (Part VI, line 15b THE COMPENSTATION COMITTEE TAKES INTO ACCOUNT OVERALL PERFORMANCE AND CORRESPONDING SALARIES IN THE METROPOLITAN AREA IN DETERMINING SALARIES FOR THE FISCAL OFFICER AND THE COMPLIANCE OFFICER.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
Cocaine & Alcohol Awareness Program	62-1401699
•	
•	
05. Governing documents, etc, available to public (Part VI, line 19)	
do de de la	
THE ANNUAL AUDIT AS WELL AS THE ANNUAL 990 IS MADE AVAILABLE TO MEMBERS OF	THE PUBLIC WHEN
A REQUEST FOR EITHER OR BOTH IS MADE IN WRITING AND FORWARDED TO THE DIRECT	OR'S OFFICE TO
SET UP A DATE FOR AN APPOINTMENT TO REVIEW THE DOCUMENTS AT THE HEAD OFFICE	OR HAVE EITHER
OR BOTH DOCUMENTS MAILED TO THE INDIVIDUALS WHO REQUESTED SAME.	
ON BOTH BOCOMENTS MATLED TO THE INDIVIDUALS WHO REQUESTED SAME.	
•	
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