

Form 990

Return of Organization Exempt From Income Tax

2017

Department of the Treasury Internal Revenue Service

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

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.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01, 2017, and ending 06-30, 2018

Form header section containing organization name (Cocaine & Alcohol Awareness Program), address (4041 Knight Arnold Road, Memphis, TN 38118), principal officer (Albert Richardson), and tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Includes rows for mission statement, revenue (Total revenue: 5,756,305), expenses (Total expenses: 5,187,285), and net assets (Total assets: 8,416,646).

Part III 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.

Signature block containing the signature and name of John D Davis Jr, Internal Auditor, dated 5/3/2019.

Preparer information section including name (John D Davis Jr, CPA), date (05-03-2019), and firm address (4041 Knight Arnold Road, Memphis TN 38118).

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

D. 990-T SCANNED JUL 30 2018

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
TO PROVIDE STATE OF THE ART DRUG COCAINE AND ALCOHOL DRUG REHABILITATION SERVICES AS WELL AS ASSISTING IN PROVIDING TEMPORARY AND PERMANENT HOUSING FOR THE CLIENTS SERVED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
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? Yes No
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 \$ 1,914,622 including grants of \$ _____) (Revenue \$ _____)
PROVIDING RESIDENTIAL AND OUTPATIENT DRUG REHABILITATION TREATMENT SERVICES. NUMBER OF CLIENT SERVED IN THE PAST FISCAL YEAR: 2,055 ;SUCESS RATE 78%

4b (Code _____) (Expenses \$ 717,745 including grants of \$ _____) (Revenue \$ _____)
TRANSITIONAL HOUSING THE THE HOMELESS WHO ARE ALSO SUFFERING FROM DRUG ADDICTION; SEPERATE PROGRAM PROVIDING SAME SERVICES FOR VETS. CLIENTS SERVED 1,156 ; PUBLICATION AND BROCHEDURES: 677 SUCESS RATE 78%

4c (Code _____) (Expenses \$ 518,030 including grants of \$ _____) (Revenue \$ _____)
PROVISION OF VARIOUS SPECIALIZED SERVICES SUCH AS HIV/AIDS TREATMENT, DOMESTIC VIOLENCE PREVENTION, COUNSELING FOR WOMENAND PERMANENT HOUSING INCONJUNCTION WITH VARIOUS PROGRAMS ADMINISTERES BY THE CITY OF MEMPHIS. CLIENTS SERVED 159.

4d Other program services (Describe in Schedule O)
(Expenses \$ 498,864 including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **3,649,261**

ADO

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 20a through 38 regarding organizational operations, financial statements, grants, compensation, tax-exempt bonds, and controlled entities.

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

Main form body containing questions 1a through 14b and corresponding Yes/No columns.

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

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

Input box with 'X'

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversions, members, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower policy, document retention, and compensation review.

Section C. Disclosure

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

John D. Davis Jr., CPA (901)261-7501, 4041 Knight Arnold Road, Suite 300, Memphis, TN 38118

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>WALTER W DIGSS</u> Chairman of the Board		X					0	0	0	
(2) <u>REGINALD TATE</u> Director		X					0	0	0	
(3) <u>SYED SALAT</u> SECRETARY TREASURER		X					0	0	0	
(4) <u>ALVIM MOORE</u> Director		X					0	0	0	
(5) <u>ALBERT RICHARDSON</u> EXECUTIVE DIRECTOR	50.00			X			120,000	0	0	
(6) <u>WALI SHAHEED</u> Fiscal Officer	50.00			X			90,000	0	0	
(7) <u>JOHN D DAVIS Jr.</u> INTERNAL AUDITOR	50.00			X			70,000	0	0	
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							280,000	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 4,247,431					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,390,041					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f ▶		5,637,472				
Program Service Revenue	2a _____		Business Code				
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶						
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		127,591					
		b Less rental expenses	127,591				
		c Rental income or (loss)					
	d Net rental income or (loss) ▶						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)	See Part IV, line 18	a				
		b Less direct expenses	b				
		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	53,628	53,628				
b Vending and Payphones	561000	2,748	2,748				
c NSP REHAB	561000	62,457	62,457				
d All other revenue							
e Total. Add lines 11a-11d ▶			118,833				
12 Total revenue. See instructions ▶			5,756,305	118,833	0	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

Do not include amounts reported on lines 6b, 7b, 8b, 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 and domestic governments See Part IV, line 21				
2	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	280,000	28,000	252,000	
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	Other salaries and wages	1,908,322	1,526,658	381,664	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	77,709	69,938	7,771	
10	Payroll taxes	151,778	136,600	15,178	
11	Fees for services (non-employees)				
a	Management				
b	Legal	20,000	18,000	2,000	
c	Accounting	40,000	36,000	4,000	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	12,603	11,343	1,260	
13	Office expenses	357,411	321,670	35,741	
14	Information technology	281,700	28,170	253,530	
15	Royalties				
16	Occupancy	1,178,674	681,704	496,970	
17	Travel	52,322	47,090	5,232	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	24,586	22,127	2,459	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	314,987	283,488	31,499	
23	Insurance	270,553	243,498	27,055	
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	CLIENT FOOD	106,187	95,568	10,619	
b	CLIENT FEES	53,397	48,057	5,340	
c	NSB REH	57,056	51,350	5,706	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,187,285	3,649,261	1,538,024	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing		(24,720)	1	36,061	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		463,038	3	687,010	
	4	Accounts receivable, net		14,832	4	19,830	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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		2,482,296	7	2,486,462	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		5,588	9	211,973	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	9,284,582			
	b	Less accumulated depreciation	10b	4,309,272	5,382,660	10c	4,975,310
	11	Investments - publicly traded securities			11		
	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			15		
16	Total assets. Add lines 1 through 15 (must equal line 34)		8,323,694	16	8,416,646		
Liabilities	17	Accounts payable and accrued expenses		691,373	17	401,309	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability Complete Part IV of Schedule D			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			22		
	23	Secured mortgages and notes payable to unrelated third parties		520,924	23	528,267	
	24	Unsecured notes and loans payable to unrelated third parties		296,788	24	327,131	
	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			25		
	26	Total liabilities. Add lines 17 through 25		1,509,085	26	1,256,707	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		6,814,609	27	7,159,939	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	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		6,814,609	33	7,159,939		
34	Total liabilities and net assets/fund balances		8,323,694	34	8,416,646		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,756,305
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,187,285
3	Revenue less expenses Subtract line 2 from line 1	3	569,020
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,814,609
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	(223,690)
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	7,159,939

Part XII Financial Statements and Reporting

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

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?

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 Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

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

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?

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?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Cocaine & Alcohol Awareness Program

Employer identification number

62-1401699

(Part I) Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 12, check only 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 operated in conjunction with a hospital described in **section 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)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(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
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

07

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar 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")	4,737,753	4,398,621	5,899,481	6,636,086	5,756,305	27,428,246
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	4,737,753	4,398,621	5,899,481	6,636,086	5,756,305	27,428,246
5 The portion of total contributions by each person (other than a governmental unit or publicly 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						27,428,246

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	4,737,753	4,398,621	5,899,481	6,636,086	5,756,305	27,428,246
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						27,428,246
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	100.00	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	100.00	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization

Employer identification number

Cocaine & Alcohol Awareness Program

62-1401699

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part III Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows 1c, 1d, 1e, 1f.

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

Table with 6 columns: Description, (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

- (i) unrelated organizations
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Part 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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 5,883,896, adjusted to 5,756,305.

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 5,314,876, adjusted to 5,187,285.

Part XIII

Supplemental Information.

Provide 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 X, line 2, Part XI, lines 2d and 4b, and Part XII, 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)

UNRELATED BUSINESS RENTAL INCOME REPORTED ON THE 990T

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

02. Other expenses not included on Form 990 (Part XII, line 2d)

UNRELATED RENT EXPENSES INCURRED AND REPORTED ON THE 990T

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

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01. Form 990 governing body review (Part VI, line 11)

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 IS 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 WITH A STATEMENT 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 ACTOR WITHOUT ANY TYPE OF REMUNERATION. 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)

THE COMPENSTATION OF THE EXECUTIVE OFFICER IS DETERMINED 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
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 SALARIES IN THE

Name of the organization

Employer identification number

Cocaine & Alcohol Awareness Program

62-1401699

METREOPOLITAN AREA IN DETERMINING SALARIES FOR THE 2 OFFICERS ON AN ANNUAL BASIS.

05. Governing documents, etc, available to public (Part VI, line 19)

ANNUAL AUDIT AND ANNUAL 990 AND SUPPORTING SCHEDULES AS WELL AS THE ANNUAL 990T ARE

AVAILABLE FOR THE PUBLIC REVIEW AT OUR CORPORATE OFFICES UPON REQUEST.