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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008

Open to Public Inspection

| | | | |
|--|--|--|---------------------------|
| A For the 2008 calendar year, or tax year beginning and ending | | D Employer identification number | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | | C Name of organization ALLEN COUNTY DRUG & ALCOHOL CONSORTIUM, INC. | |
| Please use IRS label or print or type. See Specific Instructions. | | 43-2069293 | |
| Number and street (or P.O. box, if mail is not delivered to street address) | | Room/suite | E Telephone number |
| 532 WEST JEFFERSON BLVD. | | | 260-422-8412 |
| City or town, state or country, and ZIP + 4 | | F Group Exemption Number ▶ | |
| FORT WAYNE, IN 46802 | | | |

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website. ▶ **WWW.DACAC.ORG**

J Organization type (check only one) — ☒ 501(c) (3) ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **470,653.**

| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) | | | |
|---|---|----------|----------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 467,642. |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | 3,011. |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) | 5c | |
| | 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> | | |
| | a Gross revenue (not including \$ of contributions reported on line 1) | 6a | |
| | b Less direct expenses other than fundraising expenses | 6b | |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe ▶) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 470,653. | |
| Expenses | 10 Grants and similar amounts paid (attach schedule) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation and employee benefits | 12 | 159,569. |
| | 13 Professional fees and other payments to independent contractors | 13 | 29,526. |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 23,908. |
| | 15 Printing, publications, postage, and shipping | 15 | 11,313. |
| | 16 Other expenses (describe ▶) | 16 | 116,159. |
| 17 Total expenses. Add lines 10 through 16 | 17 | 340,475. | |
| Net Assets | 18 Excess of (deficit) for the year (Subtract line 17 from line 9) | 18 | 130,178. |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 174,505. |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | -11,272. |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 293,411. |

| Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) | | (A) Beginning of year | (B) End of year |
|--|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | | 164,158. | 22 293,524. |
| 23 Land and buildings | | | 23 |
| 24 Other assets (describe ▶ OTHER DEPRECIABLE ASSETS) | | 63,597. | 24 56,675. |
| 25 Total assets | | 227,755. | 25 350,199. |
| 26 Total liabilities (describe ▶ SEE STATEMENT 2) | | 53,250. | 26 56,788. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | 174,505. | 27 293,411. |

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12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

SCANNED MAY 26 2010

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**ALLEN COUNTY DRUG & ALCOHOL CONSORTIUM,
INC.**

Form 990-EZ (2008)

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| Part III Statement of Program Service Accomplishments (See the instructions for Part III) | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others) |
|---|---|
| What is the organization's primary exempt purpose? SEE STATEMENT 9 | |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title | |
| 28 SEE STATEMENT 6 | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a 36,402. |
| 29 SEE STATEMENT 7 | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a 36,402. |
| 30 SEE STATEMENT 8 | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a 36,401. |
| 31 Other program services (attach schedule) | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |
| 32 Total program service expenses (add lines 28a through 31a) | 32 109,205. |

| Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV) | | | | |
|--|--|--|---|--|
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
| KIMBRA O'BRIEN, 1417 N ANTHONY BLVD, FORT WAYNE, IN 46805 | PRESIDENT 1.00 | 0. | 0. | 0. |
| JERRI LERCH, 2001 REED RD, SUITE 200, FORT WAYNE, IN 46815 | EXECUTIVE DIRECTOR 40.00 | 58,517. | 0. | 0. |
| JOHN ALEXANDER, 4609 CRYSTAL RIDGE COVE, FORT WAYNE, IN 46835 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| STEPHEN JARRELL, 2712 S CALHOUN, FORT WAYNE, IN 46807 | SECRETARY 1.00 | 0. | 0. | 0. |
| MIKE MCALEXANDER, 602 S CALHOUN, FORT WAYNE, IN 46802 | CHAIR OF JUSTICE 1.00 | 0. | 0. | 0. |
| MARY ETHEART, 1115 GARDEN ST, FORT WAYNE, IN 46802 | CHAIR OF INTERVENTION 1.00 | 0. | 0. | 0. |
| TRISH FOX, 1222 WESTOVER ROAD, FORT WAYNE, IN 46807 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| KATHY FRIEND, 1200 S CLINTON STREET, FORT WAYNE, IN 46802 | VICE CHAIR FINANCE 1.00 | 0. | 0. | 0. |
| ANITA GROSS, 4824 HOMESTEAD RD, FORT WAYNE, IN 46814 | CHAIR OF NANO 1.00 | 0. | 0. | 0. |
| FRAN GULL, 715 S CALHOUN ST, FORT WAYNE, IN 46802 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| PAULA HUGHES, 2313 FOREST PARK BLVD, FORT WAYNE, IN 46805 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| KELLY SICKAFOOSE, PO BOX 15284, FORT WAYNE, IN 46885 | COMMUNITY CONSULTANT 1.00 | 1,548. | 0. | 0. |
| KIRK RAY, 700 BROADWAY, FORT WAYNE, IN 46802 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| JONATHAN RAY, 2135 S HANNA ST, FORT WAYNE, IN 46803 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| BENNIE LEWIS, 1330 MCCOLLUCH ST, FORT WAYNE, IN 46803 | CHAIR OF PREVENTION 1.00 | 0. | 0. | 0. |
| | | | | |
| | | | | |
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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

| | Yes | No |
|---|-----|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0. | | |
| b Did the organization file Form 1120-POL for this year? | | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | |
| 39 Section 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on line 9 39a N/A | | |
| b Gross receipts, included on line 9, for public use of club facilities 39b N/A | | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0. | | |
| b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I | | X |
| c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. | | |
| d Enter amount of tax on line 40c reimbursed by the organization ▶ 0. | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | X |
| 41 List the states with which a copy of this return is filed. ▶ IN | | |
| 42a The books are in care of ▶ CHRISTEN SOUERS, LLC Telephone no ▶ 260-484-0653 | | |
| Located at ▶ 4306 EAST STATE BLVD., FORT WAYNE, IN ZIP + 4 ▶ 46815 | | |
| b 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 account)? | | X |
| If "Yes," enter the name of the foreign country ▶ | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | | X |
| If "Yes," enter the name of the foreign country. ▶ | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A | | |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |

Form 990-EZ (2008)

**ALLEN COUNTY DRUG & ALCOHOL CONSORTIUM,
INC.**

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Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | <p>46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I</p> <p>47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II</p> <p>48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</p> <p>49a Did the organization make any transfers to an exempt non-charitable related organization?</p> <p>b If "Yes," was the related organization(s) a section 527 organization?</p> <p>50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"</p> | <table border="1" style="width:100%"> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> <tr> <td>46</td> <td></td> <td align="center">X</td> </tr> <tr> <td>47</td> <td></td> <td align="center">X</td> </tr> <tr> <td>48</td> <td></td> <td align="center">X</td> </tr> <tr> <td>49a</td> <td></td> <td align="center">X</td> </tr> <tr> <td>49b</td> <td></td> <td></td> </tr> </table> | | Yes | No | 46 | | X | 47 | | X | 48 | | X | 49a | | X | 49b | | |
|--|--|----------|-----|----|-----------|--|----------|-----------|--|----------|-----------|--|----------|------------|--|----------|------------|--|--|
| | Yes | No | | | | | | | | | | | | | | | | | |
| 46 | | X | | | | | | | | | | | | | | | | | |
| 47 | | X | | | | | | | | | | | | | | | | | |
| 48 | | X | | | | | | | | | | | | | | | | | |
| 49a | | X | | | | | | | | | | | | | | | | | |
| 49b | | | | | | | | | | | | | | | | | | | |

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$100,000 | | ▶ | | |

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other independent contractors each receiving over \$100,000 | | ▶ |

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Jerry Lerch* Date: 4/26/10

Type or print name and title: **JERRI LERCH**

Paid Preparer's Use Only

Preparer's signature: *Jane Henderson* Date: 11/4/09 Check if self-employed: ☐

Firm's name (or yours if self-employed): **L. M. HENDERSON & COMPANY, LLP** Preparer's Identifying Number (See instr.): **EIN ▶**

Address and ZIP + 4: **450 E. 96TH STREET, SUITE 200 INDIANAPOLIS, IN 46240** Phone no.: **(317) 566-1000**

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Form 990-EZ (2008)

ALLEN COUNTY DRUG & ALCOHOL CONSORTIUM,

Schedule A (Form 990 or 990-EZ) 2008 **INC.**

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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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in)▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | 179,116. | 169,397. | 299,310. | 467,642. | 1,115,465. |
| 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 1-3 | | 179,116. | 169,397. | 299,310. | 467,642. | 1,115,465. |
| 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 | | | | | | 1,115,465. |

Section B. Total Support

| Calendar year (or fiscal year beginning in)▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|------------|
| 7 Amounts from line 4 | | 179,116. | 169,397. | 299,310. | 467,642. | 1,115,465. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | 258. | 3,851. | 4,796. | 3,011. | 11,916. |
| 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 IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 1,127,381. |
| 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 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 98.94 % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 28f | 15 | 98.83 % |
| 16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 IV 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 - 2007. 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 IV 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 A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 - 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 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

| | | |
|---|----|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | % |

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2008

2008 DEPRECIATION AND AMORTIZATION REPORT

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| Asset No | Description | Date Acquired | Method | Life | C o n v | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|----------|----------------------------------|---------------|--------|-------|------------------|--------------------------|------------|---------------------|--------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 14 | BUILD OUT | 09/12/07 | 150DB | 15.00 | HV17 | 52,706. | | | | 52,706. | 1,757. | | 3,514. | 5,271. |
| | 990-EZ PG 1 TOTAL OTHER | | | | | 52,706. | | | | 52,706. | 1,757. | | 3,514. | 5,271. |
| | OTHER EXPENSES | | | | | | | | | | | | | |
| 5 | COMPUTERS | 11/28/99 | 200DB | 5.00 | HV17 | 1,793. | | | | 1,793. | 747. | | 359. | 1,106. |
| 6 | COLOR LASER PRINTER | 11/28/05 | 200DB | 5.00 | HV17 | 566. | | | | 566. | 236. | | 113. | 349. |
| 7 | COPIER | 09/05/07 | 200DB | 5.00 | HV17 | 3,480. | | | | 3,480. | 596. | | 1,114. | 1,810. |
| 8 | PHONE SYSTEM | 09/28/07 | 200DB | 7.00 | HV17 | 3,641. | | | | 3,641. | 520. | | 892. | 1,412. |
| 9 | SIXER | 10/30/07 | 200DB | 7.00 | HV17 | 395. | | | | 395. | 56. | | 93. | 153. |
| 10 | COMPUTER | 10/30/07 | 200DB | 5.00 | HV17 | 2,501. | | | | 2,501. | 500. | | 800. | 1,300. |
| 11 | SERVER COMP | 10/30/07 | 200DB | 5.00 | HV17 | 2,499. | | | | 2,499. | 580. | | 800. | 1,300. |
| 12 | COMPUTER | 10/30/07 | 200DB | 5.00 | HV17 | 1,286. | | | | 1,286. | 257. | | 411. | 668. |
| 13 | COMPUTER | 08/08/08 | SL | 5.00 | HV16 | 1,284. | | | | 1,284. | | | 107. | 107. |
| | 990-EZ PG 1 TOTAL OTHER EXPENSES | | | | | 17,445. | | | | 17,445. | 3,512. | | 4,693. | 8,205. |
| | GRAND TOTAL 990-EZ PG 1 | | | | | 70,151. | | | | 70,151. | 5,369. | | 8,207. | 13,476. |
| | DEPR | | | | | | | | | | | | | |

828111
04-25-08

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

| FORM 990-EZ | OTHER EXPENSES | STATEMENT | 1 |
|-------------------------------|----------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| BANK CHARGES | | 220. | |
| EQUIPMENT EXPENSE | | 784. | |
| INSURANCE | | 1,742. | |
| JUSTICE COMMITTEE | | 3,609. | |
| PREVENTION COMMITTEE | | 51. | |
| PUBLIC SERVICE ANNOUNCEMENTS | | 28,355. | |
| MEDIA | | 960. | |
| SITE COORDINATOR | | 11,860. | |
| SUPPLIES | | 18,198. | |
| TRAINING & SCHOLARSHIPS | | 5,198. | |
| TELEPHONE | | 6,284. | |
| TECHNOLOGY UPDATES | | 333. | |
| TRAVEL | | 18,493. | |
| MISCELLANEOUS | | 15,379. | |
| DEPRECIATION | | 4,693. | |
| TOTAL TO FORM 990-EZ, LINE 16 | | 116,159. | |

| FORM 990-EZ | OTHER LIABILITIES | STATEMENT | 2 |
|-------------------------------|-------------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| ACCOUNTS PAYABLE | 0. | 9,006. | |
| INTERVENTION FUND PAYABLE | 48,766. | 34,647. | |
| ACCRUED PAYROLL | 0. | 7,800. | |
| PAYROLL TAX WITHHOLDINGS | 2,324. | 5,335. | |
| POLICE CANINE FUND PAYABLE | 250. | 0. | |
| RAB FUND PAYABLE | 1,910. | 0. | |
| TOTAL TO FORM 990-EZ, LINE 26 | 53,250. | 56,788. | |

| FORM 990-EZ | OTHER CHANGES IN NET ASSETS OR FUND BALANCES | STATEMENT | 3 |
|-------------------------------|--|-----------|---|
| DESCRIPTION | | AMOUNT | |
| PRIOR PERIOD ADJUSTMENT | | -11,272. | |
| TOTAL TO FORM 990-EZ, LINE 20 | | -11,272. | |

| | | | |
|-------------|--|-----------|---|
| FORM 990-EZ | OCCUPANCY, RENT, UTILITIES AND MAINTENANCE | STATEMENT | 4 |
|-------------|--|-----------|---|

| DESCRIPTION | AMOUNT |
|-------------------------------|---------|
| DEPRECIATION | 3,514. |
| OTHER EXPENSES | 20,394. |
| TOTAL TO FORM 990-EZ, LINE 14 | 23,908. |

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 6

PREVENTION - TO EDUCATE AND HELP PREVENT THE NEGATIVE IMPACT CAUSED BY DRUG EXPOSURE OR DRUG USE ON THE HEALTH AND WELL-BEING OF ALLEN COUNTY YOUTH BETWEEN THE AGES OF 0-21. THIS PURPOSE HAS INDIRECTLY SERVED OVER 33,000 INDIVIDUALS.

990-EZ PG 2

STATEMENT 7

INTERVENTION - TO EDUCATE AND IMPROVE THE ACCESSIBILITY, AFFORDABILITY, AND QUALITY OF THE CONTINUUM OF CARE IN SUBSTANCE ABUSE TREATMENT WITHIN ALLEN COUNTY. THIS PURPOSE HAS INDIRECTLY SERVED OVER 16,000 INDIVIDUALS.

990-EZ PG 2

STATEMENT 8

JUSTICE - TO EDUCATE AND REDUCE THE AMOUNT OF CRIMINAL ACTIVITY, INCLUDING VIOLENCE, THAT IS RELATED TO ALCOHOL AND DRUG USE/ABUSE IN ALLEN COUNTY. THIS PURPOSE HAS INDIRECTLY REACHED OVER 16,800 INDIVIDUALS.

990-EZ PG 2

STATEMENT 9

TO PROVIDE AN EFFECTIVE NETWORK TO WORK COLLABORATIVELY WITH AGENCIES AND GOVERNMENT TO REDUCE THE NEGATIVE IMPACT OF ALCOHOL AND OTHER DRUGS IN THE ALLEN COUNTY COMMUNITY.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|--|---|---|
| Type or print | Name of Exempt Organization ALLEN COUNTY DRUG & ALCOHOL CONSORTIUM, INC. | Employer identification number 43-2069293 |
| File by the extended due date for filing the return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 532 WEST JEFFERSON BLVD. | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT WAYNE, IN 46802 | |

Check type of return to be filed (File a separate application for each return):

☐ Form 990
 ☒ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
 ☐ Form 990-PF
 ☐ Form 990-T (trust other than above)
 ☐ Form 4720
 ☐ Form 8069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

CHRISTEN SOUERS, LLC

• The books are in the care of **4306 EAST STATE BLVD. - FORT WAYNE, IN 46815**

Telephone No. **260-484-0653**

FAX No. **260-484-2115**

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2009**

5 For calendar year **2008**, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

THE ORGANIZATION REQUESTS AN ADDITIONAL EXTENSION OF TIME IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

| | | |
|---|----|--------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 8069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 8069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ N/A |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **[Signature]** Title **CPA**

Date **8/14/09**

Form 8868 (Rev. 4-2009)