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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2012 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable NH Alcohol & Drug Abuse Counselors Association Address change Doing Business As 52-1508299 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 604 (603) 271-4501 25 Country Club Road City, town or post office, state, and ZIP code Terminated NH 03249 G Gross receipts \$ Amended return F Name and address of principal officer Yes X No Application pending H(a) Is this a group return for affiliates? Peter DalPra, President, Penacook, NH 03303 H(b) Are all affiliates included? Yes If "No," attach a list (see instructions) 501(c)(3) X 6 501(c) ( 4947(a)(1) or 527 Tax-exempt status ) < (insert no ) J Website: ▶ www nhadaca com H(c) Group exemption number X K Form of organization Corporation Trust Association Other ▶ L Year of formation M State of legal domicile 1986 NH Part I Summarv Briefly describe the organization's mission or most significant activities: The Association's licensed alcohol and drug counselors recognize and accept the responsibility to enhance the health and safety of Activities & Governance the public, promote the well being of its colleagues, who are reliable and competent, and uphold the integrity of the profession. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 17 4 17 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2012 (Part V, line 2a). 5 4 Total number of volunteers (estimate if necessary). 3 6 Total unrelated business revenue from Part VIII, column CCine 12 0 7a Net unrelated business taxable income from Form 990-T, line 34 7b 0 Ó O Prior Year **Current Year** MAY 1 **3** 2013 Contributions and grants (Part VIII, line 1h) 253,472 169,059 8 Program service revenue (Part VIII, line 2g) 47,779 54,202 9 Investment income (Part VIII, column (A), lines \$, 4, and 7d) DEN 10 0 -595 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 301,251 666 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) n 0 Benefits paid to or for members (Part IX, column (A), line 4). 14 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), line's 5-10) 106,094 15 92,050 Professional fundraising fees (Part IX, column (A), line 11e) . . 0 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Y.S. 17 166,651 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 116,659 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 258,701 222,753 Revenue less expenses. Subtract line 18 from line 12. 42,550 -87 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16). 269,272 269,293 21 Total liabilities (Part X, line 26). 453 519 Net assets or fund balances Subtract line 21 from line 20 268,753 Signature Block ₩ der penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge eand belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge **≩**jign Here Executive ianne Type or print name and title Pnnt/Type preparer's name Preparer's signature Z Paid 5/7/2013 self-employed P00581700 Enc Rowley Preparer ► ROWLEY AND ASSOCIATES, PC Firm's EIN ▶ 02-0522619 Firm's name Uše Only Firm's address ▶ 6A HILLS AVE, CONCORD, NH 03301 (603)228-5400 Phone no X May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

-om 9	90 (2012)			ouse Counselors				52	-1508299	Page Z
Pa	rt III			m Service Acc contains a resp		lishments to any question i	n this Part III .			
1	The As	describe the org	ganızation's n sıon is to prov	nission. ride an educatoir	al orga	anization for individ drug abuse or dep	uals who			
2	the proof	r Form 990 or 9 " describe thes	990-EZ? . e new service	s on Schedule C		vices during the ye			Yes	X No
4	service If "Yes,	s? " describe thes	 e changes on	Schedule O		=			Yes	X No
•	expens	es Section 501	1(c)(3) and 50		tions a	re required to repo				
<b>4</b> a	Provide profess	e educational of ionals	oportunities a	nd support for su	bstand	ncluding grants of sce abuse councelor	s and other			
					- <b></b>					
4b						ncluding grants of S				
				<b></b>						
4c	(Code:		_ ) (Expense	s \$		ncluding grants of	······································	) (Revenue \$		)
					 				••••••••••••••••••••••••••••••••••••••	
4d	(Exper	ses \$		in Schedule O.) including grants			0)(Revenue \$		0)	
4e	Total r	rogram servic	e expenses	•	1	192,091				

Page 3

NH Alcohol & Drug Abuse Counselors Association
Checklist of Required Schedules

Form 990 (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		$\frac{\dot{x}}{x}$
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	┝┋┪		_^
3	candidates for public office? If "Yes," complete Schedule C, Part I	3	i	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	٣		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
_		<b>-</b>		
5	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,			
		5		Х
•	Part III	3	-	
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	ا ۾ ا		v
_	"Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _ l		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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 debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	4		
	VII, VIII, IX, or X as applicable.			رة الإر الأصفاق
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		- 1	
	Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
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 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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			_
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b	l	Х
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	$\neg$	Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		T	
-	fundraising, business, investment, and program service activities outside the United States, or aggregate		l	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		$\neg$	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	- {	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	}	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	- <del> </del>	$\dashv$	
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	j	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-'-		
13		19	ł	Х
20~	If "Yes," complete Schedule G, Part III	20a	-	Ŷ
	- · · · · · · · · · · · · · · · · · · ·	$\overline{}$		
<u>D</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			
	employees? If "Yes," complete Schedule J	23		Х
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 through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	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? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
~~	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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	27		v
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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? <i>If</i> "Yes," <i>complete</i> Schedule L, <i>Part IV</i>	28a		X
a	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>	20a		
b	Schedule L, Part IV	28b		Х
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		$\frac{\hat{x}}{x}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
00	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,	"		<del>~</del>
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<u> </u>		
-	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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 related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
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, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
	·· <del></del>			

Part V

Statamenta	Dogordina	Other IDS	Filings and Tax	Compliance
Statements	Regarding	Other IKS	Filings and Tax	Comphance

	Check if Schedule O contains a response to any question in this Part V	<u>.</u>		
			Yes	No
1a	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 . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	100		Y.
	gaming (gambling) winnings to prize winners?	1c	X	79944000
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	X		1
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	TLANCIST
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		i	
<b>L</b>	account)?	4a	and at 1	X
b	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	3 W.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	*	- 7988	X
ъа b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .	5c		<del>  ^</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	1		<u> </u>
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	ý. ¥. 28	ski, ii	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			4:
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
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 and section 509(a)(3) supporting	# .		e
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		- 352	
	organization, have excess business holdings at any time during the year?	8	25. (	~ 444000
9	Sponsoring organizations maintaining donor advised funds.		<u> Per</u> i	100
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	NEED.	560
10	Section 501(c)(7) organizations. Enter	ž.		
a	Initiation fees and capital contributions included on Part VIII, line 12		1	
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	1. 💥		1,8
U	against amounts due or received from them.)			332
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	103.	*3555
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	×K	2,986.5
•	Note. See the instructions for additional information the organization must report on Schedule O.	150	-5	*'સૂર્
ь	Enter the amount of reserves the organization is required to maintain by the states in which	*		``
~	the organization is licensed to issue qualified health plans	.77	`	
С	Enter the amount of reserves on hand		ingi,	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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 to any question in this Part VI.

Sect	ion A. Governing Body and Management				
			_ (40)400 +	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	7	4	
	If there are material differences in voting rights among members of the governing body, or		3.15	12	
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				*
		<b>1b</b> 1'	7		7
ь 2	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.				38
-	any other officer, director, trustee, or key employee?	sinp with	2	2000	X
3	Did the organization delegate control over management duties customarily performed by or under	the direct	1		<del>  ^ </del>
•	supervision of officers, directors, or trustees, or key employees to a management company or other		3		x
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 w	·	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			$\overline{}$
	one or more members of the governing body?		7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	i <b>,</b>			
	stockholders, or persons other than the governing body?		7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during	27.1	**	*
	the year by the following:				
а	The governing body?	•	8a	X	L
b	Each committee with authority to act on behalf of the governing body?		8b	Х	<u> </u>
9	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		9		<u> </u>
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>ınternai Revenue</u>	Coae.	) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chanters	100		<u> </u>
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				9 3
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
	describe in Schedule O how this was done		12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and appro	-	335		300
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	NZ E		
a	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization	• •	15b	X	286.1
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			4	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement a taxable entity during the year?	jement	160		
_	, <del>,</del> , , , , , , , , , , , , , , , , ,		16a	200	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue participation in joint venture arrangements under applicable federal tax law, and take steps to safe				13
	the organization's exempt status with respect to such arrangements?	_	16b	S	500.55
Sect	ion C. Disclosure		1.00		
17	List the states with which a copy of this Form 990 is required to be filed ► NH				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3	3)s onl	y)	
	available for public inspection Indicate how you made these available. Check all that apply				
		(plain in Schedule O)			
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, physical address, and telephone number of the person who possesses the books		50 ·		
	organization Dianne Peppin, Executive Director  25 Country Club Road, Suite 604, Gilford, NH 03249	(603) 271-4	501		

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om 990 (2012)	NH Alcohol &	Drug Abuse	Counselors	Associati

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

Check if Schedule O contains a response to any question in this Part VII. . .

A 41		Ofc	D' 4	T	W	1		. L	pensated E		
Section .	Δ	Officers	LUIPECTORS	PAGTELLI	KeV H	MDIOVEES	and Hid	inest Lom	nensated F	mnin	
	~.	O 1110010,	D11 0000101		, -			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Politica C		,,,,,

- 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

X 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	box, office	unles er an	Pos neck ss pe d a d	rson irecto	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	y employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jay Bernier	2 00									
DIRECTOR	0 00	X	<u> </u>							
(2) Christopher Boswell	2.00									
DIRECTOR	0.00	X	<u> </u>							
(3) Peter DalPra	2 00		l							
PRESIDENT	0 00	X		Х						
(4) Elaine Davis	2.00									
TREASURER	0 00	X		Х						
(5) Annette Escalante	2 00									
DIRECTOR	0 00	X								
(6) Lori Ford Magoon	1.00									
PRESIDENT ELECT	0 00									
(7) Catherine lacuzzi	1 00		ļ						1	
IMMEDIATE PAST PRESIDENT	0 00									
(8) Michael O'Bryant	1 00							1		
DIRECTOR	0 00	X								
(9) James O'Hearn	1.00									
DIRECTOR	0 00	X								
(10) David Pansi	1 00	1				Į.				
DIRECTOR	0 00	X	_							
(11) Kelly Reardon	1 00									
SECRETARY	0 00		<u> </u>	X	_					
(12) Katherine Robertson	1 00									
DIRECTOR	0 00	X								
(13) Margaret Smith	1.00								<u> </u>	
DIRECTOR	0.00	X	$oxed{oxed}$		<u>L</u>	L	L			
(14) Barry Tımmerman	1 00									
DIRECTOR	0 00	X	<u>l</u> .	L	<u></u>		<u> </u>			

P	Section A. Officers, Directors, Tru	stees, Key Em	ploye	es,	ang	iH b	ghes	t C	ompensated En	ployees (conti	nued)	
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unle: er an	Pos neck ss pe d a d	rson irecte	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
	Lynne Towle CTOR	1 00 0 00	ı									
DIRE	Patricia Tucker CTOR	0 00	X.									
	Rhonda Bishop CTOR	1 00 0 00	х									
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c d	Sub-total .  Total from continuation sheets to Part VII, Solution Total (add lines 1b and 1c).	ection A .			•			<b>&gt; &gt; &gt;</b>	0	0	)	0
2	Total number of individuals (including but not lii	mited to those lis					rece		·		<u>'1</u>	<u> </u>
	reportable compensation from the organization	<b>&gt;</b>			0						Yes N	_
3	Did the organization list any <b>former</b> officer, directly employee on line 1a? If "Yes," complete Sched		•	-	-	e, c	or higi	hes	t compensated		3 ×	<b>四</b> (
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual	of reportable con	npens	satio	on a				•	h	4 >	
5	Did any person listed on line 1a receive or accr	-			-			_				100 M
Sec	for services rendered to the organization? If "Yotion B. Independent Contractors	es," complete So	neau	iie .	TOF	Suc	n pei	rsor	1	· · · ·	5   X	<u>.                                    </u>
1	Complete this table for your five highest compecompensation from the organization Report co										tax	
	year (A) Name and business add	ress							(B) Description of ser	vices	(C) Compensation	_
												0
												0
								-			. <del>.</del>	0
												0
2	Total number of independent contractors (inclumers than \$100,000 of companyation from the	-	ted to	tho	se	liste	d abo	ove)	who received	20 May 17	1 A 11 A	ق

	Check if Schedule O contains a response to any question 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, 513, or 514				
	1a	Federated campaigns	1a	T o	FA: 495	(idea and a service)	Parke Neff	312, 313, 01314				
ints	b	Membership dues	1b	1,170		5. 5.		4.4				
Gra	c	Fundraising events	1c									
ifts,	d	Related organizations	1d			75 75 75						
n G	و و	Government grants (contributions						72.00				
ions I Sir	f	All other contributions, gifts, grant		107,000								
but	-	similar amounts not included above		0								
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lir		0		實際的分表						
ς 'n	h	Total. Add lines 1a–1f		<b>•</b>	169,059							
•				Business Code	/ 14/3		Sec. 3.					
eun	2a	Conferences		541990	2,370	2,370						
Rev	b	Training fees		541900	51,662	51,662		,				
<u>2</u>	С	Annual meeting		541900	170	170						
ē	d				0							
Ē	е				0							
Program Service Revenue	f	All other program service revenue	)		0							
Pro	g	Total. Add lines 2a-2f		<b>•</b>	54,202	等 卷 赞	A:=A:F	887 - U. E. B.				
	3	Investment income (including divi	dends, interest	, and								
		other similar amounts).		▶	0							
	4	Income from investment of tax-ex	empt bond pro-	ceeds ►	0							
	5	Royalties		▶	0							
			(ı) Real	(II) Personal								
	6a	Gross rents										
	b	Less rental expenses										
	С	Rental income or (loss)	C	0		12 (1 miles						
	d	Net rental income or (loss)			0							
	7a	Gross amount from sales of	(ı) Secunties	(II) Other								
	b	assets other than inventory.	C	0								
		Less cost or other basis										
		and sales expenses .	C	<del></del>								
	С	Gain or (loss)	C	-595	- , ,							
	d	Net gain or (loss)			-595	-595						
•	_					س ساء والرئيس پاري	ئىر ئىسىر <sub>خ</sub> ىسى					
Ĭ	8a	Gross income from fundraising				14. 19. 2000 B	ha h	¥ 11 8 4 4 1				
, ve		events (not including \$	0									
8		of contributions reported on line 1	•		-3		Park Park to					
Other Reve	L	See Part IV, line 18	-	0								
5		Less' direct expenses Net income or (loss) from fundrais	. b			100 Å						
		Gross income from gaming activit			<u> </u>	7 7 7 4	Maria Danmark .	24 J. 25 J. 35 J. 45				
	Эa	See Part IV, line 19		0								
	h	Less direct expenses		- 0	KANANAN							
	b C	Net income or (loss) from gaming			0							
		Gross sales of inventory, less	activities.		0 30.300/30.40.400.	er c≚eÿ's\tiv∰		200 C				
	IVa	returns and allowances .	а	۱ ،								
	ь	Less: cost of goods sold	b	0								
		Net income or (loss) from sales of			n	75.75	<u> </u>					
		Miscellaneous Revenue	· ·····································	Business Code			CASE S	Region w				
	11a			1	0	M. Din Shellisin						
	b				0							
	С				0		·					
	d	All other revenue			0							
	е	Total. Add lines 11a-11d .		<b></b>	0		1485 - 1- Tag 1	7 法: 漢語				
	12	Total revenue. See instructions		▶	222,666	53,607	0	0				

following SOP 98-2 (ASC 958-720)

**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 to any question in this Part IX. . . (C) (D) Do not include amounts reported on lines 6b, Management and Program service Fundraising Total expenses 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States See Part IV, line 22 . . . 3 Grants and other assistance to governments. organizations, and individuals outside the United States See Part IV, lines 15 and 16. Benefits paid to or for members . . Compensation of current officers, directors, trustees, and key employees. . . . . . . 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. 82.419 74,177 8,242 . . . . . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 16.679 15.011 1,668 . . 10 Payroll taxes . . 6.996 6.296 700 11 Fees for services (non-employees). Management . . . . 400 400 b Legal Accounting 8,250 8.250 C Lobbying . . d Professional fundraising services See Part IV, line 17. . . o Investment management fees . . . f Other (If line 11g amount exceeds 10% of line 25, column 17,246 17,246 (A) amount, list line 11g expenses on Schedule O) 2,433 2,433 12 Advertising and promotion . . . 12,778 12,020 758 13 Office expenses . Information technology . 14 ol 15 Royalties . . 6,745 Occupancy . 6.745 16 16.415 16,415 17 Travel . . Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 9.195 8.045 1,150 19 Conferences, conventions, and meetings . . . Interest . . . . . . . . . 20 0 21 Payments to affiliates . 1,176 1,176 22 Depreciation, depletion, and amortization 2.644 2.380 264 23 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.) Scholarhips/sponsorships 23,822 23,822 7,137 7,137 Trainer fees 3,248 3,248 Co-sponsorships 2,554 1,278 1,276 Telephone 2,583 2,616 33 All other expenses Other expenses 30,662 Total functional expenses. Add lines 1 through 24e 222,753 192,091 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 ▶ if

Part X Balance Sheet

		Check if Schedule O contains a response to	any question in this F	Part X .	. <u> </u>		
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing .			232,547	1	227,539
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			31,912	4	35,292
	5	Loans and other receivables from current and former officers, directors,					
		trustees, key employees, and highest compens					
		Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified person	ons (as defined under sec	tion			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a		是是			
		sponsoring organizations of section 501(c)(9) voluntary e					
Assets		organizations (see instructions) Complete Part II of Scho				6	
SSI	7	Notes and loans receivable, net		•	0	7	0
٩	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges .			2,128	9	2,128
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	11,926			
		Less accumulated depreciation	10b	7,613	2,706	10c	4,313
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities See Part IV, line			0	12	0
	13	Investments—program-related See Part IV, line	e 11		0	13	0
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			0	15	0 200 270
	16 17	Total assets. Add lines 1 through 15 (must equ	iai iine 34)		269,293 453	16 17	269,272 519
	18	Accounts payable and accrued expenses	453	18	519		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	· · · · -	20			
	21	Escrow or custodial account liability Complete		21			
s	22	Loans and other payables to current and former		21			
Liabilities		trustees, key employees, highest compensated					
þi		disqualified persons. Complete Part II of Sched		22			
Lia	23	Secured mortgages and notes payable to unrel		·	0	23	0
	24	Unsecured notes and loans payable to unrelate			0	24	0
	25	Other liabilities (including federal income tax, pa	•	d			
		parties, and other liabilities not included on line	-				
		Part X of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25 .		•	453	26	519
		Organizations that follow SFAS 117 (ASC 95	8), check here 🕨 🖸	X and			3 T S S S S S S S S S S S S S S S S S S
Ses		complete lines 27 through 29, and lines 33 a		_			
au	27	Unrestricted net assets			268,840	27	268,753
Bal	28	Temporarily restricted net assets .			· · · · · · · · · · · · · · · · · · ·	28	
פַ	29					29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958),	check here	and		50.	
ō		complete lines 30 through 34.	, one on the terms of the				
its.	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or e	auinment fund			31	
ťΑ	32	Retained earnings, endowment, accumulated in				32	
Net Assets	33	Total net assets or fund balances			268,840		268,753
	34	Total liabilities and net assets/fund balances .			269,293		269.272

Form:	990 (2012) NH Alconol & Drug Abuse Counselors Association	5	2-1508299	Page 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			,
1	Total revenue (must equal Part VIII, column (A), line 12)	1		222,666
2	Total expenses (must equal Part IX, column (A), line 25)	2		222,753
3	Revenue less expenses Subtract line 2 from line 1	3		-87
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		268,840
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		14,957
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10		283,710
Part				
	Check if Schedule O contains a response to any question in this Part XII			. 🔲
				Yes No
1	Accounting method used to prepare the Form 990: Cash X 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 Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X
	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			
	X Separate basis Consolidated basis Both consolidated and separate basis			
_			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,   3
С	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?		<del>                                    </del>	X
	·	•	<del></del>	<del>^</del>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			-7. 3
3-				
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	-		3a	X
D	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		_	
	required addit of addits, explain why in Schedule O and describe any steps taken to undergo such addits	• •	.   3b   0	00 (
			Form 9	90 (2012)

### **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

Employer identification number

NH A	cohol & Drug Abuse Counselors Association		52-1508299		
Part		or Advised Funds or Other Similar F	unds or Accounts. Complete if		
	the organization answered "Yes" t		·		
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year .				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year .		<del></del>		
5	Did the organization inform all donors and do	nor advisors in writing that the assets held in	n donor advised		
•	funds are the organization's property, subject				
6	Did the organization inform all grantees, done	_			
•	used only for charitable purposes and not for				
	purpose conferring impermissible private ben		Yes No		
_	<u> </u>				
Part	Conservation Easements. Comp	plete if the organization answered "Yes	" to Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held be	by the organization (check all that apply)			
	Preservation of land for public use (e.g , recr	eation or education) Preservation	of an historically important land area		
	Protection of natural habitat	Preservation	of a certified historic structure		
			I. I		
_	Preservation of open space	1.11	and the form of a second of		
2	Complete lines 2a through 2d if the organizat	ion neid a qualified conservation contribution	n in the form of a conservation		
	easement on the last day of the tax year				
			Held at the End of the Tax Year		
a	Total number of conservation easements .		. 2a		
b	Total acreage restricted by conservation ease		2b		
С	Number of conservation easements on a cert	, ,	2c		
d	Number of conservation easements included	• • •			
	historic structure listed in the National Registe		. 2d		
3	Number of conservation easements modified	, transferred, released, extinguished, or term	nnated by the organization		
	during the tax year				
4	Number of states where property subject to o		***********		
5	Does the organization have a written policy re		handling of		
	violations, and enforcement of the conservati	on easements it holds?	Yes No		
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing conservation e	easements during the year		
	<b>•</b>				
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conservation ease	ments during the year		
	▶ \$				
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements of	of section		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?.		Yes No		
9	In Part XIII, describe how the organization re	ports conservation easements in its revenue	and expense statement, and		
	balance sheet, and include, if applicable, the				
	the organization's accounting for conservation				
Part	III Organizations Maintaining Collection	ns of Art, Historical Treasures, or Other S	imilar Assets.		
	Complete if the organization answered				
4.0	If the organization elected, as permitted unde		avanua statement and helenes sheet		
1a	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	works of art, historical treasures, or other sim	•			
	of public service, provide, in Part XIII, the tex				
b	If the organization elected, as permitted under				
	works of art, historical treasures, or other sim	•	on, or research in furtherance		
	of public service, provide the following amounts relating to these items:				
	(i) Revenues included in Form 990, Part VIII				
2	If the organization received or held works of a		ts for financial gain, provide the		
	following amounts required to be reported un	der SFAS 116 (ASC 958) relating to these it	ems.		
а	Revenues included in Form 990, Part VIII, lin				
b	Assets included in Form 990, Part X		• \$		

Part	III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (continued)		
3	, , , , , , , , , , , , , , , , , , , ,						
	use of its collection items (check all that appl	y).					
а	Public exhibition	d <u></u>	Loan or exchange	programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII						
5							
Part		ments. Complete if t	he organization ans		990, Part		
1a	Is the organization an agent, trustee, custodia			ther assets not			
	included on Form 990, Part X?				Yes No		
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ving table.				
					Amount		
С	Beginning balance			1c	0		
d	Additions during the year			1d			
e	Distributions during the year .			1e			
f	Ending balance			1f	0		
2a	Did the organization include an amount on Fo				Yes X No		
b	If "Yes," explain the arrangement in Part XIII	Check here if the explanation	anation has been prov	ided in Part XIII	<u> </u>		
Part	V • Endowment Funds. Complete if	the organization ans	wered "Yes" to For	m 990, Part IV, line 1	0		
	(a) (	Current year (b) Pric	or year (c) Two years	back (d) Three years bac	k (e) Four years back		
1a	Beginning of year balance .	0	0				
b	Contributions						
С	Net investment earnings, gains,						
	and losses				<del></del>		
d	Grants or scholarships						
е	Other expenditures for facilities						
f	and programs .  Administrative expenses						
	End of year balance	0	o	0	0 0		
g 2	Provide the estimated percentage of the curr				01 0		
a	Board designated or quasi-endowment	<b>▶</b> %	9, (,,				
b	Permanent endowment	%		-			
С	Temporarily restricted endowment	%					
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%					
3a	Are there endowment funds not in the posses	ssion of the organizatio	n that are held and ad	ministered for the			
	organization by:				Yes No		
	(i) unrelated organizations			•	3a(i)		
	(ii) related organizations				3a(ii)		
b	If "Yes" to 3a(ii), are the related organization:	•			3b		
4	Describe in Part XIII the intended uses of the						
Part	Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.						
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land	0	0		0		
b	Buildings	0	0	<del>                                     </del>	0		
С	Leasehold improvements	0	0	0	0		
d	Equipment	0	11,926	1	4,313		
e T-4-	Other	0	0	0	0		
lota	I. Add lines 1a through 1e. (Column (d) must e	iquai Form 990, Part X,	column (B), line 10(C)	<i>)</i> ▶	4,313		

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability

for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	237,623
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	\$ 14°C	
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	14,957
3	Subtract line 2e from line 1	3	222,666
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	ज्युस्ता <u>त्रा</u>	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
С	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).	5	222,666
Part		er Return	
1	Total expenses and losses per audited financial statements	1	237,710
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		237,710
	Donated services and use of facilities		
a	Discourse of tractice and		
b			
C C	Other losses         2c           Other (Describe in Part XIII.)		
d		20	14.057
e	Add lines 2a through 2d	2e	14,957
3	Subtract line 2e from line 1	3	222,753
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII )	Ž.	•
C	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	222,753
Part			
Part V	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV /, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pro- onal information		2b;
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Schedule D (Form 990) 2012 NH Alcohol & Drug Abuse Counselors Association

52-1508299

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Schedule D (Form	990) 2012	NH Alcohol & Drug Abuse Counselors Association	52-1508299 Page	5
Part XIII	laguZ	emental Information (continued)		_
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### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2012

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Form 990 or 990-EZ or to provide any addition

Attach to Form 990 or 990-EZ.

Employer identification number

NH Alcohol & Drug Abuse Counselors Association	52-1508299
Form 990 Part VI Section B Line 11b The Executive Committee of the Board reviews the 990	
before filing	
Form 990 Part VI Section B Line 12c Annually at the January Board meeting, the conflict of	
interest policy is discussed and members are required to disclose any conflicts at this time	
Also, as part of an external audit, Board members are required to complete a conflict of	
interest questionnaire	
Form 990 Part VI Section B Line 15b The Personnel Committee of the Board reviews staff	
salaries and compares them to salries of similar positions in the surrounding areas. A	
proposal is then presented to the Board for approval.	
Form 990 Part VI Section C Line 19 Governing documents, policies and financial statements are	
available upon request	

Name of the organization	Employer identification number
NH Alcohol & Drug Abuse Counselors Association	52-1508299
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