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. Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No 1545-1150

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		2013 calendar year, or tax year begin	ning			and endi	ng			
В	Check if applicab	e C Name of organization						D Emplo	yer iden	tification number
	_	ss change COMMUNITY HE	LPING ADDIC	TS NEGOTIA	ΤE					
	Name	change CHANGE EFFEC'	TIVELY					20	-329	5927
		return Number and street (or P.O. b	ox, if mail is not delivered	to street address)			Room/suite	E Teleph	one nun	nber
	Termi	nated P.O. BOX 125	6			}		(5	41)7	91-3411
	Amen	ded return City or town, state or provinc	e, country, and ZIP or fo	reign postal code				F Group	Exempt	ion
	Applica	tion pending ALBANY, OR	97321					Numb		
G	Accoun	ting Method: X Cash	Accrual Other (specify	y) >				H Check	▶ X	if the organization is not
ı	Websit	e: ► <u>N/A</u>						requir	ed to atta	ach Schedule B
<u>J_</u>	Tax-ex	empt status (check only one) — X	501(c)(3) 501(c) () ◄ (insert no.)	49	47(a)(1)	or527	(Form	990, 99	0-EZ, or 990-PF).
K	Form o	forganization: Corporation	Trust	Association X	Other					
L	Add lin	es 5b, 6c, and 7b, to line 9 to determine	gross receipts. If gross r	eceipts are \$200,000 o	r more	, or if tota	assets (Part	II,		
		(B) below) are \$500,000 or more, file F							\$	180,698.
P	art I	Revenue, Expenses, and	Changes in Net	Assets or Fund	Bala	ances (see the instri	ictions fo	r Part I)	
		Check if the organization used Sched	ule 0 to respond to any	question in this Part I						X
	1	Contributions, gifts, grants, and similar	amounts received					L	1	<u>565.</u>
	2	Program service revenue including gov	ernment fees and contra	cts					2	179,564.
	3	Membership dues and assessments							3	
	4	Investment income			ı			_	4	· · · · · · · · · · · · · · · · · · ·
	5a	Gross amount from sale of assets othe	r than inventory		5a_				-	
	b	Less: cost or other basis and sales exp			<u>5b</u>	<u>L</u>			ı	
	C	Gain or (loss) from sale of assets other	than inventory (Subtrac	t line 5b from line 5a)				<u> </u>	5c	
	6	Gaming and fundraising events						r		
ē	a	Gross income from gaming (attach Sch	nedule G if greater than		Ī	1				
Revenue		\$15,000)	. 17		6a					
æ	b	Gross income from fundraising events			of co	ntributions	;			
_		from fundraising events reported on lin		f the sum of such	1	1		·		
		gross income and contributions exceed			6b_					
a)	C	Less: direct expenses from gaming and			_6c	L		\longrightarrow		
のつきをプロロ	_ d	Net income or (loss) from gaming and	·	ines 6a and 6b and sub		ne 6c) l	•	\vdash	6d	
	7a	Gross sales of inventory, less returns a	nd allowances	•	7a					
	b	Less: cost of goods sold		l 7.\	7b				_	
133	C	Gross profit or (loss) from sales of inve		·	D C	OHED:			7c	569.
	"	Other revenue (describe in Schedule 0)		SE.	e d	Curd	ULE O		8	180,698.
	9_	Total revenue. Add lines 1, 2, 3, 4, 5c, Grants and similar amounts paid (list in					· · ·		9 10	100,030.
<u>ب</u> ر. -:	1	Benefits paid to or for members	i Scriedule O)				•		11	
		Salaries, other compensation, and emp	Novaa hanafite			•			12	66,850.
Ses	3 13	Professional fees and other payments		re					13	970.
Expenses	14	Occupancy, rent, utilities, and maintena							14	25,461.
ᄍ	15	Printing, publications, postage, and shi							15	449.
	16	Other expenses (describe in Schedule		SH	R 9	CHED	ULE O		16	13,966.
	17	Total expenses. Add lines 10 through		25	د ب	لانتناب	U 111		17	107,696.
_	18	Excess or (deficit) for the year (Subtract					·		18	73,002.
ets	19	Net assets or fund balances at beginning		column (A))				-	10	13,002.
\ss	1.5	(must agree with end-of-year figure rep							19	120,732.
Net Assets	20	Other changes in net assets or fund ba					•		20	0.
Ž	21	Net assets or fund balances at end of v	• •	•		•			21	193.734.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

Page 2

Pa		Balance Sheets (see the				,							
	(Check if the organization	used S	chedul	e O to	respond t	to any ques	tion in this	Part II				. X
		_	•	_				(A) Beginnir			(B) E	nd of ye	ar
22	Cash, s	avings, and investments						56	5,549.	22		109	385.
23	Land ar	nd buildings			-				2,125.				702.
24	Other a	ssets (describe in Schedule 0)	SEE	SCHE	DULE	0			536.				125.
25	Total a	ssets				•		199	,210.				212.
26	Total li	abilities (describe in Schedule O)	SEE	SCHE	DULE	0			3,478.				478.
27		sets or fund balances (line 27 of colu	umn (B) m	ust agree	with line 2	21)			732.				734.
Pa	ırt III	Statement of Program S	ervice	Accon	plishn	nents (se	e the instru	ctions for	Part III)	1	E	<u>σenses</u>	
		Check if the organization	used S	chedul	e O to	respond t	to any ques	tion in this	Part III	$\overline{\mathbf{x}}$	(Required	for secti	on
Wha		ganization's primary exempt purpose					-	-			501(c)(3) organizati		
Desc	ribe the org	anization's program service accomplishmen	nts for each	of its three I	argest prog	ram services, as	s measured by expe	anses in a clear a	nd concise		4947(a)(1) trusts;	
		e the services provided, the number of pers									for others	-)	
28	SEE	SCHEDULE O										-	
										_			
							-	-		_	j		
	(Grants	\$) If :	this amo	unt includ	des foreig	gn grants, cl	heck here				28a	107.	696.
29													
										_			
	(Grants	\$) If	this amo	unt includ	des foreig	gn grants, cl	heck here		. •		29a		
30													
	(Grants	\$) If	this amo	unt includ	des foreig	gn grants, cl	heck here		🕨		30a		
31	Other pr	rogram services (describe in Sch	edule O)										
	(Grants	\$) If	this amoi	unt includ	des foreig	gn grants, cl	heck here				31a		
32	Total pr	rogram service expenses (add l	ines 28a	through	31a)					7	32	107,	606
					ora, .	• • • • • • • • • • • • • • • • • • • •					<u> </u>		<u>, 030 •</u>
Pa		List of Officers, Director	s, Trus	tees, a	ınd Key		ees (list each o	ne even if not cor	npensated - s	ee the	instructions	for Part IV)	. 0 9 0 •
Pa		List of Officers, Director Check if the organization	s, Trus	tees, a	ınd Key		ees (list each o	ne even if not cor	npensated - s	ee the	instructions	for Part IV)	. 🗀
Pa		List of Officers, Director	s, Trus	tees, a	ınd Key	respond t	ees (list each o	ne even if not cor stion in this (C) Rep	Part IV	 d) неа	instructions	for Part IV)	timated
Pa		List of Officers, Director	s, Trus used S	tees, a	ınd Key	respond (b)	rees (list each or to any ques Average hours week devoted to	ne even if not cor tion in this (C) Rep compensa	Part IV	d) Hea	instructions alth benefits, butions to yee benefit	(e) Es	stimated t of other
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		List of Officers, Director Check if the organization	s, Trus used S	tees, a	ınd Key	respond (b)	rees (list each or to any ques Average hours week devoted to	ne even if not cor tion in this (c) Rep compensa W-2/108	Part IV portable tion (Forms 19-MISC)	d) Hea contri emplo plans, a	alth benefits, buttons to yee benefit and deferred	(e) Es	stimated t of other
		List of Officers, Director Check if the organization (a) Name and title WILLIAMSON	s, Trus used S	tees, a	ınd Key	respond t (b) per v	rees (list each or to any ques Average hours week devoted to	ne even if not cor tion in this (c) Rep compensa W-2/108	Part IV portable tion (Forms 19-MISC)	d) Hea contri emplo plans, a	alth benefits, buttons to yee benefit and deferred	(e) Es	stimated t of other
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COMMUNITY HELPING ADDICTS NEGOTIATE

Page 3

	990-EZ (2013) CHANGE EFFECTIVELY 20-329	<u>5927</u>		Page 3
Pa	ort V Other Information (Note the Schedule A and personal benefit contract statement requirement)	nts in	the	
	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	nis Pa	rt V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	-		-
	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions Del the appropriate of the Total Control of the Indirect of the		-	"
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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 outstanding at the end of the tax year covered by this return?	38a		X
39	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter:	\dashv		,
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N/A	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
704	section 4911 O . ; section 4912 O . ; section 4955 O .			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
_	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		x
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	105		
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			-
	organization			
е	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	40e		X
41				
42 a	The organization's books are in care of ► COMMUNITY HELPING ADDICTS NE Telephone no. ► 541-7			
	Located at ► 238 3RD AVE SE, ALBANY, OR ZIP+4 ►	<u>9732</u>	1	
D	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		Yes	
	account)?	42b		X
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90.33.1. Pened of Foreign Bank and Financial Assessment		1	ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	١		
·	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
70	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		ш
	43	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a	,	x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			 -
	of Form 990-EZ	44b		x
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		1
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		Form 9	90-EZ	(2013)

COMMUNITY HELPING ADDICTS NEGOTIATE Form 990-EZ (2013) CHANGE EFFECTIVELY 20-3295927 Page 4 Yes No Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? 46 If "Yes," complete Schedule C, Part I X Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Yes No 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C. Part II 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 X 48 49a Did the organization make any transfers to an exempt non-charitable related organization? X 49a b If "Yes," was the related organization a section 527 organization? 49b Complete this table for the organization's 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." (d) Health benefits, contributions to employee benefit plans, and deferred compensation (a) Name and title of each employee (b) Average hours (C) Reportable (e) Estimated mpensation (Forms W-2/1099-MISC) per week devoted to amount of other position compensation NONE Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule / Under penalties of peri Declaration of preparer Seturn, including accompanying schedules and statements, and to the best of my knowledge and be senation of which preparer has any knowledge Sign Here Print/Type preparer's name Sc's signate Check PTIN Date ıf MAY 1 8 2016 elf- employed Paid RICHARD D. PERDUE P00129286 Preparer Firm's name ► KOONTZ, PERDUE, BLASQUEZ & CO., Firm's EIN ► 93-0612582 **Use Only**

Firm's address ▶ 920 ELM STREET SW

May the IRS discuss this return with the preparer shown above? See instructions

ALBANY, OR 97321-2037

(541)926 - 5543

X Yes

Form 990-EZ (2013)

No

Phone no.

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

CHANGE EFFCTIVELY 20-3295927
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization 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)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11th. a 7ype b 7ype c 7ype Functionally integrated d 7ype Received organization from the RS that it is a Type II, or Type III supporting organization, check this box f the organization receive
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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)(v). (Complete Part II.) An organization operated section 170(b)(1)(A)(v). (Complete Part III.) 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)(v). (Complete Part III.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organization section 509(a)(1). f If the organization received a written determination from the IRS
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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
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city, and state: 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)(v). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III · Non-functionally integrated d Type III · Non-functionally integrated else by checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type III or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who
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the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) 11g(ii)
(ii) A family member of a person described in (i) above?
400 A 0504
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
h Provide the following information about the supported organization(s).
The same time to the same about the cappointed of gain action (c).
(i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify the (vi) is the
above or IRC section governing document? (i) of your support? (i) S?
(see instructions)) Yes No Yes No Yes No

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

5

Schedule A (Form 990 or 990-EZ) 2013

COMMUNITY HELPING ADDICTS NEGOTIATE

Schedule A (Form 990 or 990-EZ) 2013 CHANGE EFFECTIVELY 20-3295927 Page 2

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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	2,761.	9,206.	7,054.		565.	19,586.
2	Tax revenues levied for the organ-]					
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					1	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,761.	9,206.	7,054.		565.	<u> 19,586.</u>
5	The portion of total contributions	*					
	by each person (other than a	1		٠		-	
	governmental unit or publicly					-	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			·			
_	column (f)						10 -05
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>			•	<u> </u>	<u> 19,586.</u>
		(-) 0000	#N 0010	(1)0044	4 7 0040		
	ndar year (or fiscal year beginning in)	(a) 2009 2,761.	(b) 2010 9,206.	(c) 2011 7,054.	(d) 2012	(e) 2013	(f) Total
,	Amounts from line 4	2,701.	9,200.	7,054.		565.	<u>19,586.</u>
0	dividends, payments received on					[
	secunties 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 IV.)						
11	Total support. Add lines 7 through 10						19,586.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	767,188.
	First five years. If the Form 990 is for	•	, , , , , ,	d, fourth, or fifth ta	x vear as a sectio		7 - 7 - 0 - 0
	organization, check this box and stor	here					. ▶[]
Se	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2013 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	100.00 %
15	Public support percentage from 2012	Schedule A, Part I	II, line 14			15	100.00 %
1 6 a	33 1/3% support test - 2013. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				\X
t	33 1/3% support test - 2012. If the o						s box
	and stop here. The organization qual	rfies as a publicly s	upported organiza	ation			▶Ц
17a	10% -facts-and-circumstances tes						•
	and if the organization meets the "fac					rt IV how the organ	zation
	meets the "facts-and-circumstances"						▶∟
k	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ				-		▶ 📙
<u>18</u>	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 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 or if the organization failed to qualify under Part II. If the organization fails to

Sec	etion A. Public Support	ion piodeo com	51010 1 411 11.7				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 through 5	<u>.</u> .					
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ì	n Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)				1		
<u>Se</u>	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties						
	and income from similar sources				 -		
i	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	First five years. If the Form 990 is for	the organization	's first, second. this	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation.
	check this box and stop here					· · · · · · · · · · · ·	_
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2013 (li	ne 8, column (f) o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2012	Schedule A, Par	t III, line 15		<u> </u>	16	%
<u>Se</u>	ction D. Computation of Inves	tment Incom	ne Percentage			T : 1	· · · · · · · · · · · · · · · · · · ·
17	Investment income percentage for 20	13 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	012 Schedule A	, Part III, line 17			18	%
19	a 33 1/3% support tests - 2013. If the	-					7 is not
	more than 33 1/3%, check this box ar						▶□
ı	o 33 1/3% support tests - 2012. If the	-					and
_	line 18 is not more than 33 1/3%, che						▶∐
<u>20</u>	Private foundation. If the organization	n did not check a	<u>t box on line 14, 19</u>	a, or 19b, check t	his box and see in	structions	<u> ▶</u> ∟

COMMUNITY HELPING ADDICTS NEGOTIATE

art IV Supplemental Information. Provide the explanations required by Part II, line 10; Part IV	art II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).	
	•
	
	-
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE O (Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 COMMUNITY HELPING ADDICTS NEGOTIATE

Employer identification number 20-3295927

CHANGE EFFECTIVELY			3295927
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:			
DESCRIPTION OF OTHER REVENUE:			AMOUNT:
MISCELLANEOUS			569.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	<u>. </u>		
DESCRIPTION OF OTHER EXPENSES:		-	AMOUNT:
TRAVEL			898.
OTHER EXPENSES			494.
SUPPLIES	-		8,396.
RECOVERY EVENT			4,178.
TOTAL TO FORM 990-EZ, LINE 16			13,966.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION B	EG. OF	YEAR	END OF YEAR
ACCOUNTS RECEIVABLE		0.	4,976.
OTHER DEPRECIABLE ASSETS		536.	149.
TOTAL TO FORM 990-EZ, LINE 24		536.	5,125.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:			
<u>DESCRIPTION</u> B	EG. OF	YEAR	END OF YEAR
MORTGAGE PAYABLE	78,	478.	60,478.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ADS	DICTION	I RECOV	/ERY

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Inspection

COMMUNITY HELPING ADDICTS NEGOTIATE Name of the organization CHANGE EFFECTIVELY

Employer identification number 20-3295927

CT-12

For Oregon Charities

Charitable Activities Section Oregon Department of Justice

1515 SW 5th Avenue, Suite 410 Portland, OR 97201-5451

Email charitable.activities@doj.state or us Website. http://www.doj.state.or.us

VOICE (971) 673-1880 ТΤ (800) 735-2900 FAX

(971) 673-1882

For Accounting Periods Beginning in

Se		. Ceneral information	New Art &					
1.				s Through Incorrenstructions for change				
367	44		Regist	ration #				
Con	nmunity Hel	lping Addicts Negotiate Change E	ffectively Organ	zation Name.				
	Box 1256		Addres	ss:				
	any, OR, 97	224	City, S	State, Zip:				
	iliy, OR, 97 I) 791-3411		Phone		Fax:		Add	
	,		Email		· ux.		Amended Report?	
				Beginning	Peno	d Ending.	$\dot{\Box}$	
2	accompany	ied public accountant audit your financ ying notes, schedules, or other docume	ents supplementing	the report or financial	statements	·	Yes X No	
3	Oregon?	e the name of the fund-raising firm(s)			e fund-raising in	Yes X No		
4 Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions.								
5.	organizatio	reporting period, did the organization on receive a determination letter from the amended document or letter.					Yes X No	
6	Is the organ	nization ceasing operations and is this	the final report? (If	yes, see instructions o	n how to close you	ur registration)	Yes X No	
7.	Provide contact information for the person responsible for re			he organization's reco	rds			
		Name	Position	Phone	Mail	ing Address & Email	Address	
	Dionne Ha	ammond Ex	ecutive Director	Director (541) 791-3411 SAME AS ABOVE				
8.	not receive	cers, Directors, Trustees and Key Emp compensation Attach additional shee "See IRS Form" may be entered in lie	ts if necessary. If ai	n attached IRS form in	cludes substantial	ly the same compens	year even if they did ation information,	
		(A) Name, mail	ing address, daytımı and email address	•		(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)	
	Name.	SEE ATTACHED FEDERAL FO	RM 990-EZ				· · · · · · · · · · · ·	
	Address [.]							
	Phone.				i			
	Email.							
	Name Address							
	Phone:							
	Email							
	Name:			···				
	Address:							
	Phone:							
	Email:							

Form Continued on Reverse Side

 Community Helping Addicts Negotiate Change Effectively Section III. Fee Calculation 9. Total Revenue 9. (From Line 12 (current year) on Form 990, Line 9 on Form 990-EZ, Part I, Line 12a on Form 990-PF, Line 9 on Form 1041, or see page 3 of the instructions if no federal tax return was prepared. Attach explanation if Total Revenue is \$0) 180,698 10 (See chart below Minimum fee is \$10, even if total revenue is a negative amount.) 75 Amount on Line 9 Revenue Fee \$0 \$24,999 \$10 \$25,000 \$49,999 \$25 \$50,000 \$99,999 \$45 \$100,000 \$249,999 \$75 \$250,000 \$499,999 \$100 \$500,000 \$749 999 \$135 \$999,999 \$750,000 \$170 \$1,000,000 or more \$200 Net Assets or Fund Balances at End of the Reporting Period 11 (From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 193,734 6 on Form 990-PF, or see page 3 of CT-12 instructions to calculate) 12 Net Fixed Assets Used to Conduct Chantable Activities 12. (Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part 139,702 II, Line 14b on Form 990-PF, or see page 4 of CT-12 instructions to calculate. See instructions if organization owns income-producing assets) 13. Amount Subject to Net Assets or Fund Balances Fee 13. (Line 11 minus Line 12 If Line 11 minus Line 12 is less than \$50,000, write \$0) 54,032 Net Assets or Fund Balances Fee 14. (Line 13 multiplied by 0001 If the fee is less than \$5, enter \$0 Not to exceed \$1,000. Round cents to the nearest whole dollar) Yes X No 15 Are you filing this report late? 15 (If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount) 16 Total Amount Due 16 (Add Lines 10, 14, and 15 Make check payable to the Oregon Department of Justice) 80 Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS with the exception that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$25,000 or more, or Net Assets or Fund Balances of \$50,000 or more, see the instructions as the organization may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only " If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing **Please** Under penalties of penury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Sign Here Signature of officer Date Title Paid Preparer's (541) 926-5543 Use Only Preparer's signature Date Phone Koontz, Perdue, Blasquez & Co., PC PO Box 605, Albany, OR 97321 Preparer's name Address

4562 form

Department of the Treasury Internal Revenue Service (99 Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.
► Attach to your tax return.

990

Business or activity to which this form relates

OMB No 1545-0172 2013

Attachment Sequence No. 179

Form 4562 (2013)

Identifying number

FORM 990 PAGE 10 20-3295927 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 2,423 Part III | MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 387. 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (a) Classification of property (e) Convention (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property C 10-year property 15-year property е 20-year property f 25-year property g S/L MM S/L 27.5 yrs. Residential rental property h 27 5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year ь 12 yrs. S/L 40-year 40 yrs. S/L Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

LHA For Paperwork Reduction Act Notice, see separate instructions.

Latted Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amaziment). Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (in the property of the property). Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles). 24a Do you have vediced to support the business/investment use claimed? 1	Form 456	2 (2013)														Page 2
anusement). Note the same public for which, you are using the standard misage and or deducting lease expense, complete only 24s, 24b, columns (in Note for any Section A.—Degreciation and Other Information Courtion; See the instructions for limits for passenger automobiles.) Section A.—Degreciation and Other Information Courtion; See the instructions for limits for passenger automobiles.) 124g. Do you take evidence to support the business/investment use oftened? 125g. Degret public passenger automobiles.) 126g. Do you take evidence to support the business/investment use oftened? 127g. Copyright public passenger automobiles.) 128g. Degret public passenger automobiles.) 128g. Degret public passenger automobiles.) 129g. Degret public public passenger automobiles.) 129g. Degret public pub			rty (Include au	itomobiles, ce	rtaın oth	ner vehic	les, cert	ain com	puters	, and prop	perty use	d for en	tertainm	ent, rec		
Section A. Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24g. D vou have evidence to support the business/investment use claimed?		•	vehicle for wh	nich vou are u	sing the	standard	l mileani	a rata or	dedu	rtina lease	evnence	comn	lete only	1242 24	lh colur	nnc (2)
242 Do you have endence to support the business/investment use claimed? Yes No 2 of Poperty (ist vehicles first) Placed in Special Departy Perporty used more than 50% in a qualified business use: Property used 50% or less in a qualified business use: 9		through (c) of	Section A, all	of Section B,	and Sec	tion C if	applicat	ole.				-, comp	iete Only	2.7a, 27		iiiis (a)
(a) (b) (b) (c) (c) (d) (e) (f) (b) (c) (d) (e) (f) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		Section A	- Depreciation	on and Other	Informa	ition (Ca	ution: S	ee the II	nstruc	tions for lu	nits for p	asseng	er autom	obiles.)		
Special depreciation allowance for qualified business uses Section 8 Special depreciation allowance for qualified business uses Section 8 Special depreciation allowance for qualified business uses Section 8 Special depreciation allowance for qualified business uses Section 8 Special depreciation allowance for qualified business uses Section 8 Special depreciation allowance during the tax year and Section 8 Special depreciation allowance during the tax year and Section 8 Special depreciation allowance during the tax year and Section 8 Special depreciation allowance during the tax year and Section 8 Special depreciation allowance during the tax year and Section 8 Special depreciation and special depreciation and special depreciation allowance during the tax year and Section 8 Special depreciation Special depreciation Section 8 Special depreciation Special depreciation Special depreciation Section 8 Special depreciation Special depreciati	24a Do y	ou have evidence to	support the but	siness/investme	nt use cl	aimed?	Ye	es 🗀	No	24b If "Y	es," is the	e evidei	nce writt	en?	Yes	No
(a) the place is a section for the placed in investment use percentage of the basis		(a)				(d)				(f)	(9	3)	(1	h)		
25 Special depreciation allowance for qualified business use: 26 Property used more than 50% in a qualified business use: 27 Property used more than 50% in a qualified business use: 28 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (t), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (t), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (t), lines 26 through 27. Enter here and on line 21, page 1 29 Add amounts in column (t), lines 26 Enter here and on line 21, page 1 29 Add amounts in column (t), lines 26 through 27. Enter here and on line 21, page 1 29 Add amounts in column (t), lines 26 Enter here and on line 2, page 1 29 Add amounts in column (t), lines 26 Enter here and on line 2, page 1 29 Add amounts in column (t), lines 26 Enter here and on line 2, page 1 29 Add amounts in column (t), lines 26 Enter here and on line 2, page 1 29 Add amounts in column (t), lines 26 Enter here and on line 2, page 1 29 Add amounts in column (t), lines 26 Enter here and on line 2, page 1 29 Add amounts in column (t), lines 26 Enter here and on line 2, page 1 29 Add amounts in column (t), lines 26 Enter here and on line 2, page 1 29 Add amounts in column (t), lines 26 Enter here and on line 2, page 1 20 Total business/investment miles driven during the year (about his section for those vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles vehicle v																
used more than 50% in a qualified business use: 16	(1131	——————————————————————————————————————	service	use percentaç	ge Ot	liei Dasis		use only)	period	Conve		ueut	CHOII	CC	ost
Property used more than 50% in a qualified business use: 1	25 Spec	ial depreciation al	llowance for q	ualified listed	property	placed	ın servic	e during	the ta	ax year an	d					
27 Property used 50% or less in a qualified business use:												25	l			
27. Property used 50% or less in a qualified business use:	26 Prope	erty used more th	an 50% in a q	ualified busine	ess use:						r					
96 S/L 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 29 Add amounts in column (h), lines 26. Enter here and on line 27, page 1 29 29 Add amounts in column (h), lines 26. Enter here and on line 27, page 1 29 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 29 Add amounts in column (h), lines 25 through 27 29 20 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 28 20 Add amounts in column (h), lines 25 through 27 29 20 Add amounts in column (h), lines 25 through 27 29 20 Add amounts in column (h), lines 25 through 27 29 21 Add all uses 30 through 32 40 22 Add amounts in column (h), lines 26 through 32 40 23 Add amounts in column (h), lines 26 through 32 40 24 Add amounts in column (h), lines 26 through 32 40 25 Add amounts in column (h), lines 26 through 32 40 26 Add amounts in column (h), lines 25 through 27 40 27 Add amounts in column (h), lines 26 through 28 29 28 Add amounts in column (h), lines 26 through 29 29 29 Add amounts in column (h), lines 26 through 29 29 29 Add amounts in column (h), lines 26 through 29 29 20 Add amounts 30 through 32 40 21 Add amounts 30 through 32 40 22 Add amounts in column (h), lines 26 through 29 29 23 Add amounts 30 through 32 40 24 Add amounts 30 through 32 40 25 Add amounts 30 through 32 40 26 Add amounts 30 through 32 40 26 Add amounts 30 through 32 40 27 Add amounts 30 through 32 40 28 Add amounts 30 through 32 40 29 Add amou		-	 													
Property used 50% or less in a qualified business use:			<u> </u>	-												
96 S/L								_	_				ļ			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year (as) (b) (c) (d) (e) (thicle Vehicle Vehic	27 Prope	erty used 50% or	less in a quali	fied business	use:											
28 Add amounts in column (ft), lines 25 through 27. Enter here and on line 21, page 1			 								S/L·				!	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1			<u> </u>								S/L·					
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole prophetor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total communiting miles driven during the year (as not include commuting miles) 32 Total other personal (noncommuting) miles driven during the year (as not include some during the year (as not include some during the year (as not include some during off-duty hours? 32 Was the vehicle available for personal use during off-duty hours? 33 Was the vehicle used primarily by a more than 5% owner or related person? 34 Was the vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. 41 Description of osts										L			<u> </u>			
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begins amount section period or percentage for this year				Date		,		ole						Ar		
42 Amortization of costs that begins during your 2013 tax year:				<u> </u>	begins	<u> </u>					1_			fc	r this year	
	42 Amo	rtization of costs	that begins di	uring your 201	3 tax ye	ar:										
						 										
43 Amortization of coets that began before your 2013 tay year											L_					

44

44 Total. Add amounts in column (f). See the instructions for where to report