See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
625 SLATERS LANE

City or town, state or province, country, and ZIP or foreign postal code
ALEXANDRIA, VA 22314

D Employer identification number
54-1610317

E Telephone number
(703) 706-0560

G Gross receipts $ 10,308,013.

F Name and address of principal officer ARTHUR T DEAN
625 SLATERS LANE, STE 300 ALEXANDRIA, VA 22315

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website. ▶ WWW.CADCA.ORG

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1992

M State of legal domicile VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities SEE ATTACHMENT 1

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	19.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18.
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	57.
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

RECEIVED NOV 17 2015 OGDEN, UT

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,820,271.	7,601,966.
9	Program service revenue (Part VIII, line 2g)	2,373,208.	2,608,634.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	92.	2.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-75,473.	-21,819.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,118,098.	10,188,783.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	539,869.	473,516.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,115,230.	5,101,615.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 502,600.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,486,885.	5,776,558.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,141,984.	11,351,689.
19	Revenue less expenses Subtract line 18 from line 12	-23,886.	-1,162,906.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,767,122.	3,722,992.
21	Total liabilities (Part X, line 26)	2,984,436.	3,102,675.
22	Net assets or fund balances Subtract line 21 from line 20	1,782,686.	620,317.

Part II Signature Block

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

Sign Here

▶ Signature of officer Arthur T. Dean — Date 11/12/2015

▶ Type or print name and title ARTHUR T. DEAN Chairman+CEO

Paid Preparer Use Only

Print/Type preparer's name Daniel Ushry	Preparer's signature	Date 11/11/15	Check ☐ if self-employed — PTIN P00957510
Firm's name ▶ COHNREZNICK LLP			Firm's EIN ▶ 22-1478099
Firm's address ▶ 6720B ROCKLEDGE DRIVE, SUITE 750 BETHESDA, MD 20817			Phone no 301-654-7555

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2014)

JSA
4E1010 1 000
4235HB M151 V 14-7.6F

SCANNED DEC 1 0 2015

379 5

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 4,359,259. including grants of $ 473,516.) (Revenue $ _____)

ATTACHMENT 2

4b (Code. _____) (Expenses $ 2,360,380. including grants of $ _____) (Revenue $ _____)

ATTACHMENT 3

4c (Code _____) (Expenses $ 1,835,206 including grants of $ _____) (Revenue $ _____)

ATTACHMENT 4

4d Other program services (Describe in Schedule O) ATTACHMENT 5

(Expenses $ 2,289,397. including grants of $) (Revenue $)

4e Total program service expenses ▶ 10,844,242.

Part IV Checklist of Required Schedules

			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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
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, Part III*	5		X
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 "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
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, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
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
c	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		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
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	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	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	X	
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 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26	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 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	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV.*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
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		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	57		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	57		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	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			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, 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 account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
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			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O				
b	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	13b			
c	Enter the amount of reserves on hand	13c			
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 or note to any line in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ VA,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain 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, address, and telephone number of the person who possesses the organization's books and records ▶
KEITH POULSEN 625 SLATERS LANE, STE 300 ALEXANDRIA, VA 22314 703-706-0560

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ARTHUR T. DEAN	40.00									
CHAIR AND CEO	0	X		X				451,815.	0	171,923.
(2) JERILYN SIMPSON-JORDAN	1.00									
VICE CHAIR	0	X		X				0	0	0
(3) MARY BONO	1.00									
DIRECTOR	0	X						0	0	0
(4) MICHAEL A. BRAUN	1.00									
DIRECTOR	0	X						0	0	0
(5) ROBERT J. DICKEY	1.00									
DIRECTOR	0	X						0	0	0
(6) KAREN DREXLER	1.00									
DIRECTOR	0	X						0	0	0
(7) FRAN FLENER	1.00									
DIRECTOR	0	X						0	0	0
(8) FRANK J. GRASS	1.00									
DIRECTOR	0	X						0	0	0
(9) CURTIS HOUGLAND	1.00									
DIRECTOR	0	X						0	0	0
(10) DOUGLAS HUGHES	1.00									
SECRETARY	0	X		X				0	0	0
(11) MICHAEL J. KRAMER	1.00									
TREASURER	0	X		X				0	0	0
(12) CHRISTOPHER KENNEDY LAWFORD	1.00									
DIRECTOR	0	X						0	0	0
(13) ALAN I. LESHNER	1.00									
DIRECTOR	0	X						0	0	0
(14) WILLIE A. MITCHELL	1.00									
DIRECTOR	0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) THOMAS J. REDDIN	1.00									
DIRECTOR	0	X						0	0	0
16) NATHANIEL J. SUTTON	1.00									
DIRECTOR	0	X						0	0	0
17) DONALD K. TRUSLOW	1.00									
DIRECTOR	0	X						0	0	0
18) KEVIN M. WARREN	1.00									
DIRECTOR	0	X						0	0	0
19) KENNETH W. DOBBINS	1.00									
DIRECTOR	0	X						0	0	0
20) MITCHELL ANDERSON	40.00									
CHIEF FINANCE OFFICER	0			X				91,905.	0	21,839.
21) KEITH POULSEN	40.00									
CFO - EFFECTIVE SEPT. 2014	0			X				45,453.	0	4,010.
22) KAREEMAH ABDULLAH	40.00									
DIR OF THE NATL COALITION INS.	0					X		164,419.	0	33,490.
23) ELIZABETH GWYNN BRECKENRIDGE	40.00									
VP MEETINGS AND SPECIAL EVENTS	0					X		127,368.	0	15,527.
24) EDUARDO HERNANDEZ	40.00									
VP OF INTERNATIONAL PROGRAMS	0					X		146,010.	0	21,388.
25) SUZANNE YOUNG	40.00									
VP OF DEVELOPMENT	0					X		117,735.	0	26,501.
1b Sub-total ▶								451,815.	0	171,923.
c Total from continuation sheets to Part VII, Section A ▶								821,392.	0	148,974.
d Total (add lines 1b and 1c) ▶								1,273,207.	0	320,897.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 6

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) MARY ELIZABETH ELLIOTT	40.00									
VP, COMMUNICATIONS, MEM., IT	0					X		128,502.	0	26,219.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 6

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	363,058.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	6,606,324.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	632,584.			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f ▶		7,601,966.			
Program Service Revenue		Business Code				
	2a REGISTRATION FEES	900099	1,998,255.	1,998,255.		
	b MEMBERSHIP DUES	900099	341,505.	341,505.		
	c TRAINING TO MEMBER COALITIONS	900099	268,874.	268,874.		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		2,608,634.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		2.			2.
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties ▶		0			
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶		0			
	8a Gross income from fundraising events (not including $ 363,058. of contributions reported on line 1c) See Part IV, line 18	a	ATCH 7 82,959.			
	b Less direct expenses	b	119,230.			
	c Net income or (loss) from fundraising events ▶		-36,271.			-36,271.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities ▶		0			
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶		0			
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	900099	14,452.			14,452
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d ▶		14,452.			
	12 Total revenue. See instructions ▶		10,188,783.	2,608,634.		-21,817.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	473,516.	473,516.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	786,945.	219,958.	553,686.	13,301.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	3,528,351.	2,293,982.	979,411.	254,958.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	111,761.	51,353.	49,001.	11,407.
9 Other employee benefits	399,327.	311,512.	62,390.	25,425.
10 Payroll taxes	275,231.	166,098.	90,624.	18,509.
11 Fees for services (non-employees)				
a Management	0			
b Legal	22,320.		22,320.	
c Accounting	46,624.		46,624.	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 8	1,664,894.	1,611,599.	53,295.	
12 Advertising and promotion	0			
13 Office expenses	450,756.	286,924.	157,608.	6,224.
14 Information technology	206,077.	80,803.	125,274.	
15 Royalties	0			
16 Occupancy	502,066.		502,066.	
17 Travel	1,064,103.	998,720.	61,832.	3,551.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,559,734.	1,534,523.	24,210.	1,001.
20 Interest	15,681.		15,681.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	90,409.		90,409.	
23 Insurance	42,546.	300.	42,246.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a OVERHEAD & FRINGE ALLOCATION		2,743,570.	-2,911,719.	168,149.
b DUES AND SUBSCRIPTIONS	54,620.	42,535.	12,010.	75.
c OTHER PERSONNEL EXPENSES	9,041.	6,204.	2,837.	
d DIRECT PROGRAM EXPENSES	7,845.	7,845.		
e All other expenses	39,842.	14,800.	25,042.	
25 **Total functional expenses** Add lines 1 through 24e	11,351,689.	10,844,242.	4,847.	502,600.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		87,698.	1	212,667.
	2	Savings and temporary cash investments		21,472.	2	24,919.
	3	Pledges and grants receivable, net		3,059,164.	3	1,961,729.
	4	Accounts receivable, net		510,362.	4	393,753.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		128,000.	5	128,955.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		190,159.	9	171,388.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 911,276.			
	b	Less: accumulated depreciation	10b 726,970.	266,123.	10c	184,306.
	11	Investments - publicly traded securities		0	11	0
	12	Investments - other securities See Part IV, line 11		0	12	0
	13	Investments - program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		504,144.	15	645,275.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,767,122.	16	3,722,992.
Liabilities	17	Accounts payable and accrued expenses		663,998.	17	890,403.
	18	Grants payable		0	18	0
	19	Deferred revenue		1,265,925.	19	840,346.
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		250,000.	23	399,794.
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		804,513.	25	972,132.
	26	**Total liabilities.** Add lines 17 through 25		2,984,436.	26	3,102,675.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-1,112,112.	27	-1,119,284.
	28	Temporarily restricted net assets		2,894,798.	28	1,739,601.
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,782,686.	33	620,317.
	34	Total liabilities and net assets/fund balances		4,767,122.	34	3,722,992.

Form **990** (2014)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,188,783.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,351,689.
3	Revenue less expenses Subtract line 2 from line 1	3	-1,162,906.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,782,686.
5	Net unrealized gains (losses) on investments	5	537.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	620,317.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA	54-1610317

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)**(1)(A)(iii). Enter the hospital's name, city, and state

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An 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.)

10 [ ] An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a [ ] **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b [ ] **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . [ ]

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,784,946.	7,410,136.	8,820,992.	8,820,271.	7,601,966	38,438,311
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	5,784,946.	7,410,136.	8,820,992.	8,820,271.	7,601,966	38,438,311.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 **Public support.** Subtract line 5 from line 4						38,438,311.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	5,784,946.	7,410,136.	8,820,992.	8,820,271.	7,601,966.	38,438,311.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	56,850.	418.	203.	92.	2.	57,565.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) ATCH. 1	42,064.	32,181.	32,655.	14,589.	14,452.	135,941.
11 **Total support.** Add lines 7 through 10						38,631,817.
12 Gross receipts from related activities, etc (see instructions)					12	11,622,854.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99.50%
15	Public support percentage from 2013 Schedule A, Part II, line 14	15	99.33%

16a **33 1/3% support test - 2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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 qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2014** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions)****:*

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below*

b ☐ The organization is the parent of each of its supported organizations *Complete* ***line 3*** *below*

c ☐ The organization supported a governmental entity *Describe in Part VI how you supported a government entity (see instructions)*

			Yes	No
2	Activities Test ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014.			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7 $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	**Excess distributions carryover to 2015** Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
MISCELLANEOUS	42,064.	32,181.	32,655.	14,589.	14,452.	135,941.
TOTALS	42,064.	32,181.	32,655.	14,589	14,452.	135,941.

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2014

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	Employer identification number
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA	54-1610317

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures . . . . . ▶ $
3 Volunteer hours . . . . . .

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
4a Was a correction made? . . . . . ☐ Yes ☐ No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b . . . . . ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	3,334.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	13,855.	
c Total lobbying expenditures (add lines 1a and 1b)	17,189.	
d Other exempt purpose expenditures	11,334,500.	
e Total exempt purpose expenditures (add lines 1c and 1d)	11,351,689.	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	717,584.	
g Grassroots nontaxable amount (enter 25% of line 1f)	179,396.	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c If zero or less, enter -0-	0	0

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	596,585.	656,741.	707,099.	717,584.	2,678,009.
b Lobbying ceiling amount (150% of line 2a, column (e))					4,017,014.
c Total lobbying expenditures	11,595.	18,142.	16,272.	17,189.	63,198.
d Grassroots nontaxable amount	149,146.	164,185.	176,775.	179,396.	669,502.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,004,253.
f Grassroots lobbying expenditures	2,190.	4,060.	3,268.	3,334.	12,852.

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Part IV **Supplemental Information** *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number

54-1610317

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a 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				
b Buildings				
c Leasehold improvements		83,640.	43,171.	40,469.
d Equipment		588,715.	502,188.	86,527.
e Other		238,921.	181,611.	57,310.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				184,306.

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED COMPENSATION ASSETS	628,683.
(2) SECURITY DEPOSITS	16,592.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	645,275.

Part X Other Liabilities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	126,320.
(3) CAPITAL LEASE OBLIGATION	41,698.
(4) DEFERRED LEASE INCENTIVE	47,431.
(5) DEFERRED COMPENSATION	756,683.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	972,132.

2 Liability for uncertain tax positions 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 [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	10,308,550.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	537.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	537.
3	Subtract line 2e from line 1			3	10,308,013.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-119,230.		
c	Add lines 4a and 4b			4c	-119,230.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	10,188,783.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements			1	11,470,919.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	119,230.		
e	Add lines 2a through 2d			2e	119,230.
3	Subtract line 2e from line 1			3	11,351,689.
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	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	11,351,689.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

FIN 48 FOOTNOTE

FORM 990, PART X, LINE 2

CADCA IS EXEMPT FROM INCOME TAXES, EXCEPT FOR TAX ON UNRELATED BUSINESS INCOME, UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CONSIDERED TO BE OTHER THAN A PRIVATE FOUNDATION. UNRELATED BUSINESS INCOME PERTAINING TO ACTIVITIES NOT DIRECTLY RELATED TO ITS NONPROFIT PURPOSE IS SUBJECT TO INCOME TAXES. THERE WAS NO TAXABLE UNRELATED BUSINESS INCOME DURING THE YEARS DECEMBER 31, 2014 AND 2013. CADCA RECOGNIZES INTEREST EXPENSE AND PENALTIES RELATED TO INCOME TAXES ON UNCERTAIN TAX POSITIONS IN MANAGEMENT AND GENERAL SERVICES EXPENSES ON THE STATEMENTS OF ACTIVITIES AND CHANGE IN NET ASSETS. THERE IS NO PROVISION IN THESE FINANCIAL STATEMENTS FOR PENALTIES AND INTEREST RELATED TO INCOME TAXES ON UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013. TAX YEARS PRIOR TO 2011 ARE NO LONGER SUBJECT TO EXAMINATION BY THE IRS OR THE TAX JURISDICTION OF THE COMMONWEALTH OF VIRGINIA.

OTHER ADJUSTMENTS - REVENUE

FORM 990, SCHEDULE D, PART XI, LINE 4B

SPECIAL EVENT EXPENSE: (119,230)

OTHER ADJUSTMENTS - EXPENSE

FORM 990, SCHEDULE D, PART XII, LINE 2D

SPECIAL EVENT EXPENSE: 119,230

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number
54-1610317

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☒ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN		8.	PROGRAM SERVICES	TRAINING SERVICES	341,094.
(2) EAST ASIA AND THE PACIFIC		2.	PROGRAM SERVICES	TRAINING SERVICES	110,789.
(3) NORTH AMERICA		8.	PROGRAM SERVICES	TRAINING SERVICES	375,828.
(4) RUSSIA/INDEPENDENT STATES		4.	PROGRAM SERVICES	TRAINING SERVICES	169,726.
(5) SOUTH AMERICA		10.	PROGRAM SERVICES	TRAINING SERVICES	196,525.
(6) SUB-SAHARAN AFRICA		17.	PROGRAM SERVICES	TRAINING SERVICES	678,308
(7) MIDDLE EAST AND NORTH AFRICA		2.	PROGRAM SERVICES	TRAINING SERVICES	185,835.
(8) EUROPE		3.	PROGRAM SERVICES	TRAINING SERVICES	175,625.
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		54.			2,233,730
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		54			2,233,730.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16
Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a US transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a US Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a US Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of US Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of US Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☒ No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions)

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number
54-1610317

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 DRUG-FREE KIDS (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	430,910.			430,910.
	2 Less: Contributions	363,058.			363,058.
	3 Gross income (line 1 minus line 2)	67,852.			67,852.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,938.			3,938.
	7 Food and beverages	93,182.			93,182.
	8 Entertainment	1,000.			1,000.
	9 Other direct expenses	21,110.			21,110.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				119,230.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-51,378.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility . . . . . 13a %

b An outside facility . . . . . 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number
54-1610317

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	VETCORPS VISTA	60.	435,992.			
2	VETCORPS AMERICORP	6.	15,372.			
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

FORM 990, SCHEDULE I, PART 1, LINE 2

THE ORGANIZATION DOES NOT MONITOR THE USE OF GRANT FUNDS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number

54-1610317

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☒ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	ARTHUR T. DEAN CHAIR AND CEO	(i)	451,815.	0	0	121,862.	50,061.	623,738.	0
		(ii)	0	0	0	0	0	0	0
2	KAREEMAH ABDULLAH DIR OF THE NATL COALITION INS.	(i)	164,419.	0	0	17,500.	15,990.	197,909.	0
		(ii)	0	0	0	0	0	0	0
3	EDUARDO HERNANDEZ VP OF INTERNATIONAL PROGRAMS	(i)	146,010.	0	0	17,456.	3,932.	167,398.	0
		(ii)	0	0	0	0	0	0	0
4	MARY ELIZABETH ELLIOTT VP, COMMUNICATIONS, MEM , IT	(i)	128,502.	0	0	7,562.	18,657.	154,721.	0
		(ii)	0	0	0	0	0	0	0
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.

HEALTH CLUB DUES

SCHEDULE J, PART I, LINE 1A

THE ORGANIZATION PAID FOR A GYM MEMBERSHIP FOR THE CEO, GENERAL ARTHUR T. DEAN IN 2014.

PARTICIPATION IN NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

THE ORGANIZATION HAS A 457(B) AND 457(F) DEFERRED COMPENSATION AGREEMENT THAT COVERS ARTHUR T. DEAN, CHAIRMAN & CEO. FOR 2014, THE AMOUNT FUNDED FOR THE 457(B) AND 457(F) PLANS IS $17,500 AND $81,362, RESPECTIVELY.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www irs gov/form990.*

OMB No 1545-0047

2014

Open To Public Inspection

Name of the organization
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number
54-1610317

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
ATTACHMENT 1												
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total . . . . . ▶ $						128,955.						

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT 1

SCHEDULE L, PART II

NAME	RELATIONSHIP	PURPOSE	TO	FROM	ORIGINAL	BALANCE DUE	Y	N	Y	N	Y	N
ARTHUR T. DEAN	CEO	HOME REFINANCE		X	128,000.	128,955.	X		X		X	

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number
54-1610317

MONITOR AND COMPLIANCE OF CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

CADCA IS A SMALL NON-PROFIT ORGANIZATION THAT PROMOTES OPEN COMMUNICATION BETWEEN ALL EMPLOYEES REGARDLESS OF POSITION WITHIN THE COMPANY AND STRIVES TO UPHOLD A STRONG AND SOLID REPUTATION WITHIN OUR FIELD AND AMONG OUR PROFESSIONAL COLLEAGUES. CADCA'S CONFLICT OF INTEREST POLICY OUTLINES SITUATIONS THAT MAY ARISE DURING THE COURSE OF BUSINESS WITH OTHERS AND WHAT ACTIONS ARE TO BE TAKEN IN THE EVENT OF A CONFLICT. EMPLOYEES ARE EXPECTED TO REPORT ANY SITUATION THAT MAY BE VIEWED AS A CONFLICT OF INTEREST TO THEIR DIRECT SUPERVISOR. CONFLICTS OF INTEREST HAVE BEEN DEFINED AS THE EMPLOYMENT OF IMMEDIATE FAMILY, ACCEPTANCE OF GIFTS, FEES, OR HONORARIA, AND CREATING A CONFLICT OF INTEREST FOR OTHERS. IT IS UNDERSTOOD THAT WITHIN OUR FIELD EMPLOYEES MAY BE RECOGNIZED AS EXPERTS AND GIVEN A FINANCIAL STIPEND TO SPEAK. CADCA HAS CAPPED THE RECEIPT OF GIFTS AT $250.00. EMPLOYEES ARE ON THE HONOR SYSTEM TO UPHOLD CADCA'S VALUES IN THEIR EVERYDAY LINE OF WORK. IF GIVEN REASON TO SUSPECT OR INDICATE ANYTHING LESS THAN CADCA'S VALUES, EMPLOYEES WILL BE QUESTIONED BY THE "CFO" AND "CEO" TO DETERMINE IF A BREACH OF CONDUCT HAS OCCURRED AND WHAT ACTION TO TAKE. EMPLOYEES FAILING TO ADHERE TO THE POLICY MAY BE TERMINATED. MONEY RECEIVED IS PROCESSED BY THE OFFICE MANAGER, GIVEN TO THE "CFO" OR "DFO" FOR FINANCIAL APPROVAL AND PROCESSED BY THE AR ASSOCIATE. THROUGH THESE CHECKS AND BALANCES, ANY FINANCIAL AMOUNT RECEIVED THAT WOULD COMPROMISE CADCA'S INTEGRITY WOULD BE SUBJECT TO FURTHER EXAMINATION AND QUESTIONING. MONEY RECEIVED THAT HAS BEEN

Name of the organization: COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number: 54-1610317

DEEMED QUESTIONABLE BY THE "CFO" IS PRESENTED TO THE "CEO". THE MONIES ARE RETURNED WITH A POLITE LETTER EXPLAINING CADCA'S POLICY.

REVIEW PROCESS OF COMPENSATION FOR CEO AND OTHERS
PART VI, SECTION B, LINES 15(A) & 15(B)

THE COMPENSATION COMMITTEE OF CADCA'S BOARD IS RESPONSIBLE FOR ANNUALLY (LAST REVIEW WAS CONDUCTED IN 2013) REVIEWING AND APPROVING THE COMPENSATION OF THE "CEO" AND SENIOR STAFF OF THE ORGANIZATION. THIS PROCESS INCLUDES USING COMPARABILITY DATA AND THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTANT TO DETERMINE APPROPRIATE COMPENSATION LEVELS FOR EACH SENIOR STAFF PERSON.

PUBLIC AVAILABILITY OF GOVERNING DOCUMENTS, POLICIES AND FINANCIALS
PART VI, SECTION C, LINE 19

CADCA'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST OR BY VARIOUS OUTLETS SUCH AS GUIDESTAR. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

REVIEW PROCESS OF FORM 990
PART VI, SECTION B, LINE 11B

THE VP OF FINANCE & ADMINISTRATION/CFO IS RESPONSIBLE FOR ENSURING CADCA'S ANNUAL FORM 990 IS COMPLETED ACCURATELY AND TIMELY. THE "CFO" WORKS WITH THE ACCOUNTING FIRM TO ENSURE THIS IS DONE. ONCE THE FORM 990 IS COMPLETED, IT IS REVIEWED BY CADCA'S EXECUTIVE STAFF AND "CEO". IF THERE ARE NO CHANGES, THE "CEO" THEN FORWARDS THE FORM 990 TO CADCA'S BOARD OF DIRECTORS FOR REVIEW AND APPROVAL.

Name of the organization: COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number: 54-1610317

EXECUTIVE COMMITTEE

PART VI, SECTION A, LINE 1

THE EXECUTIVE COMMITTEE CONSISTED OF THE OFFICERS OF THE CORPORATION AND GIVEN MEMBERS-AT-LARGE (DIRECTORS). THE COMMITTEE SHALL HAVE AND EXERCISE ALL THE POWERS OF THE BOARD OF DIRECTORS SUBJECT TO SUCH LIMITATIONS AS THE LAWS OF THE STATE OF VIRGINIA FOR RESOLUTIONS THE BOARD OF DIRECTORS MAY IMPOSE, AND SHALL HAVE THE POWER TO AFFIX THE SEAL OF CADCA TO ALL PAPERS WHICH IT MAY DEEM TO REQUIRE IT. THE EXECUTIVE COMMITTEE SHALL HAVE POWER TO MAKE RULES AND REGULATIONS FOR THE CONDUCT OF ITS BUSINESS, AND SHALL KEEP REGULAR MINUTES OF ITS PROCEEDINGS AND REPORT SAME TO THE BOARD OF DIRECTORS.

OTHER PROGRAM SERVICES

FORM 990, PART III - PROGRAM SERVICE, LINE 4D

COMMUNICATIONS

CADCA DRIVES TOBACCO AND CANCER OFF THE MAP WITH THE GEOGRAPHIC HEALTH EQUITY ALLIANCE:

IN 2014, CADCA CONTINUED ITS WORK AS ONE OF 8 NATIONAL ORGANIZATIONS AWARDED A COOPERATIVE AGREEMENT UNDER THE CDC'S CONSORTIUM OF NATIONAL NETWORKS TO IMPACT POPULATIONS EXPERIENCING TOBACCO RELATED AND CANCER HEALTH DISPARITIES PROGRAM. THE GOAL OF CADCA'S FIVE-YEAR PROJECT, THE GEOGRAPHIC HEALTH EQUITY ALLIANCE, IS TO HELP REDUCE TOBACCO USE RATES AND CANCER INCIDENCES IN GEOGRAPHIC AREAS FACING HEALTH DISPARITIES. FOR EXAMPLE, RURAL AND FRONTIER COMMUNITIES ARE FACED WITH GEOGRAPHIC,

RESOURCE AND CULTURAL CHALLENGES AND OFTEN REPRESENT VULNERABLE AND/OR MINORITY POPULATIONS. ACCORDING TO THE 2006 NATIONAL HEALTH INTERVIEW SURVEY, THE TOBACCO SMOKING RATE OF THOSE IN RURAL AREAS WAS 25 PERCENT, COMPARED TO THE NATIONAL AVERAGE OF 21 PERCENT FOR THOSE OVER THE AGE OF 18. CANCER RATES ARE ALSO DISPROPORTIONATELY HIGHER IN RURAL AND FRONTIER COMMUNITIES BECAUSE OF LACK OF ACCESS TO CANCER SPECIALISTS AND MEDICAL TREATMENT. CADCA'S SIGNIFICANT PARTNERS INCLUDE THE WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE AND GTM CENTRAL, INC. A MAJOR ACCOMPLISHMENT OF 2014 WAS THE HOSTING OF OUR NETWORK'S FIRST HEALTH EQUITY SYMPOSIUM, WITH 138 PARTICIPANTS IN ORLANDO, FLORIDA. ADDITIONALLY, WORKING WITH THE WASHINGTON TIMES, THE NETWORK PUBLISHED A NEWSPAPERS IN EDUCATION SUPPLEMENT AIMED AT TEACHING YOUNG PEOPLE AND PARENTS ABOUT THE HARMS OF TOBACCO USE. WITH SUPPORT FROM COALITIONS ACROSS THE COUNTRY, THE SUPPLEMENT WAS DISTRIBUTED TO OVER 300,000 READERS. THE ALLIANCE ALSO WORKED HARD TO HELP PROMOTE AND SPREAD AWARENESS ABOUT THE NEW ORLEANS SMOKE-FREE ORDINANCE, WHICH WENT INTO EFFECT APRIL 22, 2015. THE ALLIANCE MET WITH KEY LEADERS, CONDUCTED AN ENVIRONMENTAL SCAN, AND CREATED A PROMOTION VIDEO WHICH EMPHASIZED THE HARMS OF SECONDHAND SMOKE IN THE WORKPLACE.

CADCA HOSTS SUCCESSFUL CAMPAIGN TO RAISE AWARENESS OF THE DANGERS OF MEDICINE ABUSE:

IN AN EFFORT TO EDUCATE PARENTS AND OTHER CAREGIVERS OF THE DANGERS OF PRESCRIPTION AND OVER-THE-COUNTER MEDICINE ABUSE, CADCA LAUNCHED ITS 6TH ANNUAL OBSERVANCE OF NATIONAL MEDICINE ABUSE AWARENESS MONTH AND THE

CADCA 50 CHALLENGE. OVER 50 COALITIONS FROM 40 STATES REGISTERED FOR THE CADCA 50 CHALLENGE, WHICH URGED COALITIONS TO HOST EDUCATIONAL EVENTS IN THEIR COMMUNITY DURING NATIONAL MEDICINE ABUSE AWARENESS MONTH IN OCTOBER. EVENTS TOOK ON A VARIETY OF DIFFERENT FORMS. SOME COALITIONS HELD PARENT LUNCHEONS WHERE THEY PRESENTED CADCA'S POWERPOINT PRESENTATION ON MEDICINE ABUSE AND GAVE OUT BROCHURES AVAILABLE ON CADCA'S PREVENTRXABUSE.ORG WEBSITE. OTHERS HELD TOWN HALL MEETINGS WITH THE ENTIRE COMMUNITY WHERE THEY DISCUSSED THE KEY ISSUES AROUND MEDICINE ABUSE AND POTENTIAL SOLUTIONS. IN ADDITION, SEVERAL COALITIONS COMBINED AN EDUCATIONAL EVENT WITH A PRESCRIPTION TAKE BACK EVENT, WITH MANY HOLDING EVENTS ON THE DEA'S NATIONAL TAKE BACK DAY IN OCTOBER. THE CADCA 50 CHALLENGE IS SUPPORTED BY LONGTIME CADCA PARTNER, THE CONSUMER HEALTHCARE PRODUCTS ASSOCIATION (CHPA), WHICH REPRESENTS THE LEADING MAKERS OF OVER-THE-COUNTER MEDICINES. THE CHALLENGE WAS PART OF AN ANNUAL CAMPAIGN THAT CADCA LAUNCHES EVERY YEAR WITH CHPA FOR NATIONAL MEDICINE ABUSE AWARENESS MONTH. ALSO SUPPORTING THE 2014 MONTH-LONG OBSERVANCE WAS GANNETT. CADCA CO-HOSTED A TWITTER CHAT WITH ONDCP THAT REACHED OVER 94,000 PEOPLE.

CADCA, COALITIONS AND NATIONAL PARTNERS JOIN FORCES TO EDUCATE ABOUT OTC MEDICINE SAFETY:

CADCA AND MCNEIL CONSUMER HEALTHCARE EDUCATED THOUSANDS OF PEOPLE AT THE NATIONAL LEADERSHIP FORUM AND IN FOUR STATES ABOUT THE IMPORTANCE OF OTC MEDICINE SAFETY AND INTRODUCED THEM TO THE OTC LITERACY CURRICULUM, A FREE RESOURCE THAT MANY COMMUNITY AND EDUCATION LEADERS ARE ALREADY USING

IN THEIR COMMUNITIES TO TEACH KIDS AND PARENTS ABOUT OTC MEDICINE SAFETY. WE ALSO DEVELOPED A VALUABLE RESOURCE, THE MEDICINE SAFETY UTILITY GUIDE, WHICH HELPS CADCA-MEMBER COALITIONS INTEGRATE OTC MEDICINE SAFETY MESSAGES INTO THEIR LOCAL PREVENTION WORK. FEBRUARY 2014, MCNEIL CONSUMER HEALTHCARE SPONSORED A TRAINING SESSION AT CADCA'S 2014 NATIONAL LEADERSHIP FORUM. THE SESSION, ENTITLED "PREVENTING THE MISUSE OF OTC MEDICINES AMONGST TWEENS" EXPLORED THE OTC LITERACY CURRICULUM AND ITS VARIOUS COMPONENTS AIMED AT PARENTS AND TEACHERS OF TWEENS. PRESENTERS INCLUDED PARTNERS FROM SCHOLASTIC AND AMERICAN ASSOCIATION OF POISON CONTROL CENTERS. COMMUNITY FORUMS WERE HOSTED BY LOCAL CADCA MEMBER-COALITIONS WHO HAD REVIEWED THE CURRICULUM AND SUPPORTED ITS ADOPTION. CADCA AND MCNEIL SUPPORTED COALITION-LED COMMUNITY FORUMS THROUGHOUT OCTOBER AND NOVEMBER 2014, WORKING WITH THE UNITED PREVENTION COALITION OF FAIRFAX COUNTY, THE VAN BUREN COUNTY SAFE COALITION IN IOWA, PRESCOTT, AZ-BASED MATFORCE COALITION, AND THE SAFE COMMUNITIES COALITION OF HUNTERDON AND SOMERSET, NJ, AN AWARD-WINNING CADCA-MEMBER COALITION. WITH SUPPORT FROM MCNEIL, CADCA AND ITS MEMBER COALITIONS WERE ABLE TO EXTEND THE REACH OF THE OTC LITERACY CURRICULUM TO MORE SCHOOLS AND TO NEW AND UNIQUE AUDIENCES, SUCH AS AFTER SCHOOL PROGRAM OPERATORS, CAMP DIRECTORS AND HEALTH CARE PROVIDERS.

CADCA INCREASES OUTREACH TO MEMBERS AND NATIONAL AUDIENCE:

CADCA INCREASED ITS TWITTER FOLLOWERS BY 81 PERCENT AND ITS FACEBOOK FOLLOWERS BY 42 PERCENT. THE ORGANIZATION CREATED AN "I AM CADCA" SOCIAL MEDIA PROJECT, WHICH WAS ADOPTED BY MANY COALITION MEMBERS TO HIGHLIGHT

THE EFFECTIVENESS OF COALITIONS AND THE IMPORTANCE OF CADCA AS THE VOICE FOR PREVENTION. COALITIONS SUBMITTED "I AM CADCA" VIDEO CLIPS AND POSTED THEM ON SOCIAL MEDIA. THE SUBMISSIONS WERE EDITED INTO A TWO-MINUTE CADCA VIDEO THAT WON AN A TELLY AWARD FOR OUTSTANDING MESSAGING AND STYLE. CADCA LAUNCHED ITS INSTAGRAM ACCOUNT IN 2014, AND DELVED DEEPER INTO LINKEDIN. CADCA UPLOADED 23 NEW VIDEOS ON ITS 'YOUTUBE' CHANNEL IN 2014.

PUBLIC POLICY

CADCA REPRESENTS THE INTERESTS OF ITS MEMBERS BY ENSURING THEIR VOICES ARE HEARD ON CAPITOL HILL WITH RESPECT TO SUBSTANCE ABUSE PREVENTION, TREATMENT AND RESEARCH FUNDING, AS WELL AS OTHER RELEVANT LEGISLATION. CADCA HAS A STRONG GRASSROOTS BASE, WHICH IT ACTIVATES AT CRITICAL POINTS THROUGHOUT THE LEGISLATIVE PROCESS THROUGH ITS CAPWIZ SYSTEM. THROUGH THIS SYSTEM, COALITION LEADERS ARE ABLE TO CONTACT THEIR MEMBERS OF CONGRESS WITH THE CLICK OF A BUTTON. THE POWERFUL COMBINATION OF COMMITTED COALITIONS AND THE ONLINE FAXING SYSTEM CONTRIBUTED TO A NUMBER OF SUCCESSES IN 2014.

CADCA MOBILIZED THE FIELD REPEATEDLY IN 2014, AND ISSUED 5 LEGISLATIVE UPDATES AND 3 LEGISLATIVE ALERTS. THE FIELD RESPONDED IN FORCE BY SENDING 7,137 FAXES TO CONGRESS VIA CADCA'S CAPWIZ SYSTEM.

CADCA'S WORK, COUPLED WITH THE ADVOCACY OF THE FIELD, RESULTED IN TREMENDOUS SUCCESS FOR FY 2015 FUNDING:

Name of the organization
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number
54-1610317

O THE DRUG FREE COMMUNITIES (DFC) PROGRAM WAS FUNDED AT $93.5 MILLION, INCLUDING $2 MILLION FOR THE NATIONAL COMMUNITY ANTI-DRUG COALITION INSTITUTE. THIS IS AN INCREASE OF $1.5 MILLION COMPARED TO THE FY 14 ENACTED LEVEL. THE PRESIDENT'S FY 15 BUDGET REQUEST ONLY INCLUDED $85.7 MILLION FOR THE PROGRAM.

O THE STATE DEPARTMENT'S INTERNATIONAL NARCOTICS CONTROL AND LAW ENFORCEMENT DEMAND REDUCTION PROGRAM WAS FUNDED AT A LEVEL OF $12.5 MILLION.

IN ORDER FOR OUR MESSAGE TO CONTINUE TO RESONATE WITH MEMBERS OF CONGRESS, IT IS CRITICAL THAT THEY UNDERSTAND THAT THEY MUST DEAL WITH DRUGS AND UNDERAGE DRINKING AT THE LOCAL LEVEL AND THAT THE EFFORTS OF COMMUNITY ANTI-DRUG COALITIONS AND OTHER SUBSTANCE ABUSE PREVENTION, TREATMENT AND RESEARCH PROGRAMS CONTRIBUTE TO THE DECLINE IN YOUTH DRUG USE THROUGHOUT THE COUNTRY. TO ENSURE THAT CONGRESS IS FULLY AWARE OF THE WORK AND POSITIVE RESULTS THAT THE FIELD IS ACHIEVING, CADCA ACTS AS A CLEARINGHOUSE FOR PREVENTION OUTCOMES, UTILIZING THIS DATA TO EDUCATE CONGRESS. IN 2014, CADCA DELIVERED PACKETS OF INFORMATION DETAILING THE IMPRESSIVE OUTCOMES ACHIEVED BY THE DFC PROGRAM TO MEMBERS OF CONGRESS, AND DELIVERED BRIEFINGS TO HILL STAFFERS ABOUT THE EFFECTIVENESS OF THE DRUG-FREE COMMUNITIES PROGRAM. IN ADDITION, CADCA WORKED WITH KEY MEMBERS OF CONGRESS TO CIRCULATE A DEAR COLLEAGUE AND SIGN ON LETTER IN BOTH THE HOUSE AND SENATE. A TOTAL OF 80 REPRESENTATIVES AND 30 SENATORS SIGNED THESE LETTERS, WHICH WERE DELIVERED TO THE HOUSE AND SENATE

Name of the organization: COMMUNITY ANTI-DRUG COALITIONS OF AMERICA
Employer identification number: 54-1610317

FINANCIAL SERVICES AND GENERAL GOVERNMENT SUBCOMMITTEES ON APPROPRIATIONS.

CADCA ALSO BRIEFED KEY HILL STAFFERS ON THE IMPORTANCE OF FUNDING THE CENTER FOR SUBSTANCE ABUSE PREVENTION AND THE STATE DEPARTMENT'S INL DEMAND REDUCTION PROGRAM AT THE HIGHEST POSSIBLE LEVELS.

DEVELOPMENT

CADCA IS FORTUNATE TO HAVE GOVERNMENT, FOUNDATION, CORPORATE AND OTHER PARTNERS TO ACHIEVE OUR MISSION. MANY OF THOSE PARTNERSHIPS CONSTITUTE GRANT OR CONTRACTUAL RELATIONSHIPS AND SPONSORSHIPS, GENERALLY IN SUPPORT OF CADCA TRAININGS, EDUCATION AND PREVENTION EFFORTS ON A VARIETY OF ISSUES AND TOPICS - BOTH WITHIN THE UNITED STATES AND INTERNATIONALLY.

FEDERAL GOVERNMENT PARTNERS INCLUDE:

O OFFICE OF NATIONAL DRUG CONTROL POLICY, EXECUTIVE OFFICE OF THE PRESIDENT (ONDCP), GRANT FOR THE DRUG FREE COMMUNITIES ACT, NATIONAL COALITION INSTITUTE ADMINISTERED THROUGH SAMHSA

O SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) AND ITS CENTERS - CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP), CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT) AND CENTER FOR MENTAL HEALTH SUPPORT (CMHS) GRANT TO HOST SAMHSA'S COMMUNITY PREVENTION DAY AND TO SUPPORT CADCA'S NATIONAL LEADERSHIP FORUM AND MID-YEAR TRAINING INSTITUTE

O DEPARTMENT OF STATE, BUREAU OF INTERNATIONAL NARCOTICS AND LAW

ENFORCEMENT AFFAIRS (INL)

O CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) NATIONAL NETWORKS FOR TOBACCO AND CANCER-RELATED HEALTH DISPARITIES COOPERATIVE AGREEMENT

O NATIONAL INSTITUTE ON DRUG ABUSE (NIDA), TRAINING SUPPORT

O NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM (NIAAA) CONTRACT TO SUPPORT TRAINING AND COMMUNICATIONS OUTREACH

O NATIONAL GUARD BUREAU (NGB), DRUG DEMAND REDUCTION (DDR) OFFICE AND PREVENTION TREATMENT & OUTREACH (PTO) OFFICE CONTRACT TO HOST NATIONAL COALITION ACADEMIES AND SPECIALIZED TRAINING AT COUNTER DRUG TRAINING CENTERS

O CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS), AMERICORPS AND VISTA GRANT TO SUPPORT CADCA VETCORPS PROJECT

O DRUG ENFORCEMENT ADMINISTRATION (DEA) CONTRACT FOR TRAINING SUPPORT

STATE AND LOCAL PARTNERS INCLUDE:

O DELAWARE; HAWAII; ILLINOIS; NEW JERSEY; NEW YORK; NORTH CAROLINA; OHIO; VIRGINIA; WISCONSIN; PHILADELPHIA; AND WASHINGTON, DC PARTNER WITH CADCA TO CONDUCT NATIONAL COALITION ACADEMIES AND OTHER TRAININGS.

CORPORATE PARTNERS:

ORGANIZATIONS LIKE THESE PROVIDE IN-KIND AND FINANCIAL SUPPORT TO CADCA'S DRUG-FREE KIDS CAMPAIGN, THE NATIONAL LEADERSHIP FORUM, THE MID-YEAR TRAINING INSTITUTE AND OTHER TRAINING AND EDUCATIONAL ACTIVITIES. OUR CORPORATE PARTNERS ALSO HELP US CREATE AND DISSEMINATE MATERIALS ON

Name of the organization: COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number: 54-1610317

TOPICS THAT INCLUDE PRESCRIPTION AND OVER-THE-COUNTER DRUG ABUSE AND RELATED TOPICS.

- CONSUMER HEALTHCARE PRODUCTS ASSOCIATION (CHPA)
- IMN SOLUTIONS
- DIRECTV
- XEROX
- COVINGTON & BURLING, LLP
- GANNETT
- SP RICHARDS COMPANY
- EDELMAN
- THE EMERSON GROUP
- HEIDRICK & STRUGGLES
- PHAMATECH
- BAV
- GENERIC PHARMACEUTICAL ASSOCIATION
- M&T BANK
- THE NFL
- NATIONAL RETAIL FEDERATION
- PFIZER
- PHRMA
- GAYLORD INTERNATIONAL
- PURDUE PHARMA L.P.
- RECKITT BENCKISER PHARMACEUTICALS
- PORTER NOVELLI
- JOHNSON & JOHNSON

Name of the organization: COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number: 54-1610317

O JANSSEN PHARMACEUTICALS INC.

O MCNEIL CONSUMER HEALTHCARE

O ALKERMES

O OREXO PHARMACEUTICALS INC.

O FAEGREBD CONSULTING

O KRISPY KREME

O SGI

NATIONAL PARTNERS:

CADCA ALSO MAINTAINS STRATEGIC ALLIANCES WITH MANY KEY NATIONAL ASSOCIATIONS AND CIVIC GROUPS. OUR NATIONAL PARTNERS HELP US TO IMPLEMENT CADCA'S STRENGTHENING PARTNERS PROJECT TO CONNECT LOCAL COALITIONS WITH ORGANIZATIONS AND ASSOCIATIONS' COMMON GOALS IN MAKING LOCAL COMMUNITIES HEALTHIER AND SAFER PLACES TO LIVE, COLLABORATE ON NATIONAL POLICY ISSUES AND CAMPAIGNS, EXPAND COALITION BUILDING EFFORTS ACROSS THE U.S. AND DISSEMINATE INFORMATION ABOUT TRAINING EVENTS, MATERIALS AND OTHER ACTIVITIES.

ORGANIZATIONS THAT PROVIDE SUPPORT AND ADVICE ON ISSUES AND CONCERNS IN THEIR AREAS OF INTEREST INCLUDE:

O AMERICAN ACADEMY OF PEDIATRICS (AAP)

O AMERICAN COLLEGE OF MENTAL HEALTH ADMINISTRATION (ACMHA)

O AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)

O CENTER FOR SCIENCE IN THE PUBLIC INTEREST (CSPI)

O CONSUMER HEALTHCARE PRODUCTS ASSOCIATION (CHPA)

Name of the organization: COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number: 54-1610317

O ENSURING SOLUTIONS TO ALCOHOL PROBLEMS

O FACES AND VOICES OF RECOVERY

O INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE

O LEADERSHIP TO KEEP CHILDREN ALCOHOL FREE FOUNDATION

O LEGAL ACTION CENTER (LAC)

O LIONS CLUBS INTERNATIONAL

O MOTHERS AGAINST DRUNK DRIVING (MADD)

O NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS

O NATIONAL ASSOCIATION OF ADDICTION TREATMENT PROVIDERS (NAATP)

O NATIONAL ASSOCIATION OF COUNTIES

O NATIONAL ASSOCIATION FOR CHILDREN OF ALCOHOLICS (NACOA)

O NATIONAL ASSOCIATION OF DRUG COURT PROFESSIONALS (NADCP)

O NATIONAL ASSOCIATION OF SCHOOL NURSES

O NATIONAL ASSOCIATION OF STATE ALCOHOL AND DRUG ABUSE DIRECTORS (NASADAD)

O NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

O NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA UNIVERSITY (CASA)

O NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE (NCADD)

O NATIONAL SCHOOL BOARDS ASSOCIATION

O NATIONAL ORGANIZATIONS FOR YOUTH SAFETY

O NATIONAL SHERIFFS ASSOCIATION

O STATE ASSOCIATIONS OF ADDICTION SERVICES (SAAS)

O STUDENTS AGAINST DESTRUCTIVE DECISIONS (SADD)

O SMOKING CESSATION LEADERSHIP CENTER (SCLC)

Name of the organization: COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number: 54-1610317

O AMERICAN LEGACY FOUNDATION

O CAMPAIGN FOR TOBACCO FREE KIDS

INTERNATIONAL PARTNERS INCLUDE:

O UNITED NATIONS OFFICE OF DRUG CONTROL POLICY, INTERNATIONAL POLICY DEVELOPMENT CONFERENCES AND THE INTERNATIONAL DAY AGAINST DRUG ABUSE

O USAID AS A PRIVATE VOLUNTARY ORGANIZATION FOR TRAINING AND COALITION DEVELOPMENT IN OTHER COUNTRIES

O UNITED STATES, EMBASSY NARCOTICS AFFAIRS SECTION FOR COALITION BUILDING AND COMMUNITY DEVELOPMENT

O DEPARTMENT OF STATE, BUREAU OF INTERNATIONAL NARCOTICS & LAW ENFORCEMENT AFFAIRS (INL) FOR COALITION AND COMMUNITY DEVELOPMENT

O PROGRAMA COMPANEROS

O ITALY DEPARTMENT OF ANTI-DRUG POLICIES

FUNDRAISING

CADCA'S ANNUAL DRUG-FREE KIDS CAMPAIGN:

OVER 400 CORPORATE LEADERS, PROGRAM PARTNERS AND COALITION MEMBERS FROM ACROSS THE COUNTRY CAME OUT TO CELEBRATE COMMUNITY COALITIONS AND YOUNG PEOPLE WHO ARE HELPING TO PREVENT AND REDUCE SUBSTANCE ABUSE AT CADCA'S 16TH ANNUAL DRUG-FREE KIDS CAMPAIGN AWARDS DINNER, HELD IN OCTOBER 2014 IN WASHINGTON, D.C. CADCA'S ANNUAL DRUG-FREE KIDS CAMPAIGN AWARDS DINNER RECOGNIZES LEADERS AND CORPORATIONS WHO ARE SUPPORTING AND EDUCATING THE COMMUNITY ABOUT SUBSTANCE ABUSE AND ITS IMPACT ON YOUNG PEOPLE. CADCA

Name of the organization: COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number: 54-1610317

PRESENTED THE 2014 HUMANITARIAN OF THE YEAR AWARD TO ALEX GORSKY, CEO OF JOHNSON & JOHNSON COMPANY FOR HIS PHILANTHROPY AND COMMITMENT TO SUPPORTING CADCA'S MISSION. CADCA'S LIFETIME DISTINGUISHED SERVICE AWARD WAS BESTOWED UPON FORMER BOARD MEMBER NEIL AUSTRIAN. A PORTION OF THE CAMPAIGN BENEFITS CADCA'S NATIONAL YOUTH LEADERSHIP INITIATIVE, AN EVIDENCE-BASED YOUTH DEVELOPMENT TRAINING PROGRAM, HELPING YOUNG PEOPLE AND THEIR ADULT ADVISORS STRATEGICALLY ADDRESS THEIR LOCAL ALCOHOL, TOBACCO AND OTHER DRUG PROBLEMS.

OTHER FOUNDATION SUPPORT:

IN ADDITION TO THE COUNTLESS GIFTS MADE BY GENEROUS INDIVIDUALS AND FAMILIES AROUND THE WORLD, CADCA ALSO APPRECIATES AND IS HONORED BY THE STEADFAST SUPPORT OF THE FOLLOWING FOUNDATIONS:

- THE ROBERT WOODS JOHNSON FOUNDATION
- OFFICE DEPOT FOUNDATION

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CADCA IS THE ONLY NATIONAL MEMBERSHIP-BASED ORGANIZATION REPRESENTING COMMUNITY DRUG PREVENTION COALITIONS. CADCA'S MISSION IS TO BUILD AND STRENGTHEN THE CAPACITY OF COMMUNITY COALITIONS TO CREATE AND MAINTAIN SAFE, HEALTHY, AND DRUG-FREE COMMUNITIES GLOBALLY BY PROVIDING PUBLIC POLICY, TRAINING AND TECHNICAL ASSISTANCE, EVALUATION AND RESEARCH, COMMUNICATIONS AND SPECIAL EVENTS.

ATTACHMENT 2

Name of the organization
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number
54-1610317

ATTACHMENT 2 (CONT'D)

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

TRAINING

U.S. DEPARTMENT OF STATE - INTERNATIONAL DEMAND REDUCTION PROGRAM:

CADCA'S INTERNATIONAL DEMAND REDUCTION PROGRAM CONTINUED TO EXPAND DURING 2014. THESE INTERNATIONAL ACTIVITIES ARE IN COMPLETE ALIGNMENT WITH CADCA'S MISSION TO HELP CREATE HEALTHY, SAFE DRUG FREE COMMUNITIES GLOBALLY. IN 2014, CADCA BEGAN THE SECOND YEAR OF WHAT IS NOW A FIVE-YEAR GRANT WITH THE U.S. DEPARTMENT OF STATE, BUREAU OF INTERNATIONAL NARCOTICS AND LAW ENFORCEMENT (INL). THIS WORK INCLUDED THE PROVISION OF TRAINING, TECHNICAL ASSISTANCE AND ONGOING SUPPORT TO LOCAL COMMUNITIES, NON-GOVERNMENTAL ORGANIZATIONS, LOCAL GOVERNMENTS AND OTHER IMPORTANT GROUPS IN SELECTED FOREIGN COUNTRIES TO HELP THEM DEVELOP EFFECTIVE ANTI-DRUG COMMUNITY COALITIONS CAPABLE OF ACHIEVING POPULATION LEVEL REDUCTIONS IN SUBSTANCE ABUSE RATES AND ASSOCIATED PROBLEMS.

DURING 2014, CADCA'S INTERNATIONAL PROGRAMS GROUP ALSO ENTERED INTO TWO ADDITIONAL CONTRACTS. ONE IS THROUGH PROGRAMA COMPAÑEROS, A NON-GOVERNMENTAL ORGANIZATION BASED IN MEXICO, WHICH IS FUNDED THROUGH A GRANT WITH INL MEXICO CITY. UNDER THIS CONTRACT, CADCA'S WORK IS TO PROVIDE TRAINING IN THE CITIES OF HERMOSILLO, DURANGO, STATE OF MEXICO AND CHIHUAHUA. THE SECOND WAS ORIGINALLY THROUGH U.S. DEPARTMENT OF STATE INL OFFICE IN BRAZILIA FOR WORK

Name of the organization
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number
54-1610317

ATTACHMENT 2 (CONT'D)

IN BRAZIL. THAT OFFICE HAS SINCE CLOSED AND THE GRANT IS NOW ADMINISTERED THROUGH INL IN WASHINGTON, DC. UNDER THIS GRANT, CADCA'S WORK IS TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO COMMUNITIES ON THE DEVELOPMENT OF COMMUNITY COALITIONS IN THE CITIES OF RECEIFE, SAO PAULO, AND RIO DE JANIERO, BRAZIL.

IN 2014, CADCA'S INTERNATIONAL PROGRAMS ALSO CONTINUED TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE ON A CONTRACT WITH THE GOVERNMENT OF ITALY TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE IN THE CITIES OF BOLOGNA AND NAPLES. IN ADDITION, CADCA CONTINUED THE WORK THROUGH THE CONTRACT WITH THE COLOMBO PLAN, WHICH WAS FUNDED THROUGH THE U.S. DEPARTMENT OF STATE INL OFFICE IN BAGHDAD FOR WORK IN IRAQ BEFORE THE SECURITY SITUATION TOOK A DOWNTURN. UNDER THIS CONTRACT, CADCA'S WORK FOCUSED IN THE CITY OF ERBIL IN THE NORTHERN KURDISTAN REGION.

IN 2014, CADCA WORKED IN THE FOLLOWING REGIONS AND COUNTRIES:

LATÍN AMÉRICA & CARRIBEAN: BRAZIL, COSTA RICA, GUATEMALA, HAITÍ, HONDURAS, MÉXICO AND URUGUAY

AFRICA: CAPE VERDE, SENEGAL, GHANA, KENYA, SOUTH AFRICA AND TANZANIA

CENTRAL ASIA: KYRGYZSTAN, AND TAJIKISTAN

EAST ASIA: THE PHILIPPINES

EUROPE: ITALY

Name of the organization: COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number: 54-1610317

ATTACHMENT 2 (CONT'D)

MIDDLE EAST: IRAQ

SELECT MEMBERS OF CADCA'S INTERNATIONAL PROGRAM STAFF ALSO PARTICIPATED IN THE 56TH SESSION OF THE UNITED NATIONS COMMISSION ON NARCOTIC DRUGS IN VIENNA, AUSTRIA. CADCA IS A NON-GOVERNMENTAL ORGANIZATION (NGO) IN SPECIAL CONSULTATIVE STATUS WITH THE ECONOMIC AND SOCIAL COMMISSION OF THE UNITED NATIONS.

NATIONAL YOUTH LEADERSHIP INITIATIVE:

IN 2014, CADCA'S NATIONAL YOUTH LEADERSHIP INITIATIVE (NYLI) TRAINED MORE THAN 1,700 TEENS AND ADULT ADVISORS FROM ACROSS THE COUNTRY AND GLOBE. USING A YOUTH-LED, TEAM-TEACHING APPROACH, THE NYLI BUILDS CAPACITY TO FOSTER YOUTH LEADERSHIP IN DESIGN, IMPLEMENTATION AND EVALUATION OF ACTION STRATEGIES ADDRESSING COMMUNITY PROBLEMS THROUGH YOUTH IN ACTION PROJECTS. SEVEN EVIDENCE-BASED BEHAVIORAL CHANGE STRATEGIES, EMPHASIZING ENVIRONMENTAL MODIFICATIONS, ARE EMPLOYED TO EFFECTIVELY ALTER LOCAL CONDITIONS THAT CONTRIBUTE TO SUBSTANCE USE AND ITS CORRELATES.

THE NYLI MODEL USES A PUBLIC HEALTH APPROACH TO PREVENTION. IT IS BUILT ON THE FRAMEWORK OF SCIENCE-BASED COMMUNITY PROBLEM-SOLVING PROCESSES RESEARCHED AND DOCUMENTED BY THE WORLD HEALTH ORGANIZATION COLLABORATING CENTRE WORKGROUP FOR COMMUNITY HEALTH

Name of the organization: COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number: 54-1610317

ATTACHMENT 2 (CONT'D)

AND DEVELOPMENT AT THE UNIVERSITY OF KANSAS. THIS WORK HAS BEEN CALIBRATED FOR SUBSTANCE ABUSE BY CADCA AND INSTITUTIONALIZED OVER 10 YEARS THROUGH THE NATIONAL COALITION INSTITUTE (NCI), COALITION ACADEMY AND CADCA'S YOUTH PROGRAMS DELIVERY SYSTEM.

THE NYLI IS EMBRACED BY THE WHITE HOUSE OFFICE OF NATIONAL DRUG CONTROL POLICY (ONDCP), STATES AND LOCAL COMMUNITIES. AN INDEPENDENT EVALUATION CONDUCTED BY MICHIGAN STATE UNIVERSITY FOUND THAT PARTICIPANTS TRAINED BY THE NYLI EXPERIENCED AN INCREASE IN LEADERSHIP COMPETENCIES, COMMUNITY ORGANIZING, PROBLEM-SOLVING ABILITIES, CURRENT AND FUTURE CIVIC ACTIVISM AND CIVIC AND POLITICAL ENGAGEMENT.

VETCORPS - CADCA HELPS RETURNING VETS ACCESS KEY SERVICES THROUGH VETCORPS PROGRAM:

AS MEMBERS OF THE MILITARY RETURN FROM THE WARS IN IRAQ AND AFGHANISTAN IN RECORD NUMBERS, MANY SUFFER FROM MENTAL, PHYSICAL AND SUBSTANCE USE DISORDERS AND/OR EXPERIENCE A TOUGH TIME FINDING JOBS OR ADEQUATE HOUSING. THAT'S WHY IN NOVEMBER 2011 CADCA LAUNCHED THE VETCORPS PROGRAM IN PARTNERSHIP WITH THE NATIONAL GUARD BUREAU AND THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS). VETCORPS TAPS INTO THE VALUABLE SKILLS OF VETERANS AND THE UNIQUE ROLE THAT COMMUNITY COALITIONS PLAY IN THEIR COMMUNITIES BY PAIRING A MILITARY SERVICE MEMBER FROM THE AMERICORPS AND VISTA PROGRAM WITH A SUBSTANCE ABUSE PREVENTION

Name of the organization: COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number: 54-1610317

ATTACHMENT 2 (CONT'D)

COALITION. TOGETHER THEY ENSURE THAT MEDICAL CARE, SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT, AND HOUSING AND EMPLOYMENT SERVICES ARE AVAILABLE TO THE MILITARY COMMUNITY, ESPECIALLY TO RESERVE AND NATIONAL GUARD MEMBERS. IN CALENDAR YEAR 2014, CADCA CONTINUED ITS WORK TO RECRUIT, PREPARE, PLACE AND MONITOR QUALIFIED VISTA (VOLUNTEERS IN SERVICE TO AMERICA) AND AMERICORPS MEMBERS IN COALITIONS. AT THE END OF CALENDAR YEAR 2014, THE CADCA VETCORPS HAD REPRESENTATIVES AND INITIATIVES UNDERWAY IN COMMUNITIES ACROSS AMERICA, ALL TOWARD THE GOAL OF HELPING VETERANS AND MILITARY FAMILIES ACCESS HELP AND SUPPORT WHILE ALSO BUILDING STRONGER BONDS WITH THEIR COMMUNITIES.

OTHER TRAININGS:

CADCA CONDUCTS TRAINING (NON-NATIONAL COALITION INSTITUTE TRAINING) PRIMARILY THROUGH ESTABLISHED CONTRACTS TO PROVIDE NATIONAL, STATE AND COMMUNITY LEVEL ADULT TRAINING EVENTS. THESE ADULT-FEE-BASED TRAINING EVENTS ARE CATEGORIZED AS EITHER ACADEMIES, LARGE NON-ACADEMY PROJECTS, OR SINGLE SITES. DURING 2014, CADCA ESTABLISHED CONTRACTS TO CONDUCT 7 ACADEMIES (IN PHILADELPHIA, MINNESOTA, NORTH CAROLINA, VIRGINIA, OHIO, IDAHO AND BERMUDA, WITH 61 COALITIONS, 236 COALITION LEADERS, AND 3,050 COALITION MEMBERS IMPACTED). NON-INSTITUTE TRAINING EVENTS INCLUDED WORK WITH THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION (NHTSA) COMMUNITY OF PRACTICE, NATIONAL INSTITUTE FOR ALCOHOL ABUSE AND ALCOHOLISM (NIAAA), WAKE FOREST UNIVERSITY,

Name of the organization: COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number: 54-1610317

ATTACHMENT 2 (CONT'D)

WASHINGTON, DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH, AND THE CITY OF SEATTLE, TO INCREASE THE CAPACITY OF COALITIONS AND PREVENTION LEADERS THROUGHOUT THE NATION.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

MEETINGS AND EVENTS

NATIONAL LEADERSHIP FORUM:

CADCA'S ANNUAL NATIONAL LEADERSHIP FORUM IS THE NATION'S LARGEST TRAINING EVENT FOR COMMUNITY ANTI-DRUG COALITIONS AND OTHER SUBSTANCE ABUSE PROFESSIONALS AND VOLUNTEERS. IT ALSO SERVES AS CADCA'S SIGNATURE TRAINING, ADVOCACY, AND NETWORKING EVENT. OVER 2,600 SUBSTANCE ABUSE PREVENTION AND TREATMENT SPECIALISTS FROM THROUGHOUT THE COUNTRY ATTENDED CADCA'S 24TH ANNUAL NATIONAL LEADERSHIP FORUM, HELD FEB. 3-6, 2014 AT THE GAYLORD NATIONAL HOTEL AND CONVENTION CENTER IN MARYLAND, WITH INDIVIDUALS COMING FROM 50 STATES, THE DISTRICT OF COLUMBIA, TWO U.S. TERRITORIES AND EIGHT COUNTRIES. THE 2014 FORUM HAD A THEME OF "THE POWER OF THE MOVEMENT", AND FEATURED A COMBINED TOTAL OF 82 WORKSHOPS, PLENARY SESSIONS AND SPECIAL EVENTS ON A WIDE RANGE OF TOPICS-FROM PRESCRIPTION DRUG ABUSE PREVENTION TO EFFECTIVE TREATMENT STRATEGIES FOR DIVERSE COMMUNITIES. THE FORUM ALSO PROVIDED PARTICIPANTS AN OPPORTUNITY TO MEET WITH THEIR U.S. SENATORS AND MEMBERS OF CONGRESS DURING CAPITOL HILL DAY. IN ADDITION, SEVERAL

Name of the organization
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number
54-1610317

ATTACHMENT 3 (CONT'D)

HUNDRED YOUTH PARTICIPATED IN CADCA'S SIGNATURE YOUTH LEADERSHIP DEVELOPMENT PROGRAM, THE NATIONAL YOUTH LEADERSHIP INITIATIVE. THIS YEAR, YOUTH HEARD REMARKS FROM R & B GRAMMY NOMINATED SINGER AND SONGWRITER MARIO BARRETT WHO IS ALSO FOUNDER OF THE MARIO DO RIGHT FOUNDATION. AMONG THE SPEAKERS WERE R. GIL KERLIKOWSKE, DIRECTOR FOR THE WHITE HOUSE OFFICE OF NATIONAL DRUG CONTROL POLICY (ONDCP); MICHAEL BOTTICELLI, DEPUTY DIRECTOR, ONDCP; MARILYN QUAGLIOTTI, DEPUTY DIRECTOR FOR SUPPLY REDUCTION, ONDCP; DAVID MINETA, DEPUTY DIRECTOR FOR DEMAND REDUCTION, ONDCP; PAM HYDE, ADMINISTRATOR, SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION ("SAMHSA"); DR. NORA VOLKOW, DIRECTOR OF THE NATIONAL INSTITUTE ON DRUG ABUSE (NIDA); FRANCES M. HARDING, DIRECTOR, CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP)/ SAMHSA; THOMAS A. WORKMAN, PH.D., PRINCIPAL COMMUNICATION RESEARCHER AND EVALUATOR WITH THE AMERICAN INSTITUTE FOR RESEARCH; BRIGADIER GENERAL BARRYE L. PRICE, DEPUTY CHIEF OF STAFF, US ARMY FORCES COMMAND; AND COMMISSIONER ARLENE GONZALEZ-SANCHEZ, MS, LMSW, NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES.

MID-YEAR TRAINING INSTITUTE:

CADCA'S ANNUAL MID-YEAR TRAINING INSTITUTE IS THE ONLY INTENSIVE, FOUR-DAY TRAINING DESIGNED SPECIFICALLY FOR COMMUNITY COALITIONS. THE 2014 MID-YEAR, HELD IN ORLANDO, FLORIDA ATTRACTED OVER 1800 ATTENDEES. INCLUDED IN THE PARTICIPANTS WERE MORE THAN 300 YOUTH WHO ATTENDED CADCA'S SIGNATURE NATIONAL YOUTH LEADERSHIP INITIATIVE. THERE WERE ALSO 50 INTERNATIONAL ATTENDEES FROM 19

Name of the organization: COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number: 54-1610317

ATTACHMENT 3 (CONT'D)

FOREIGN COUNTRIES AND TWO TERRITORIES. THE MID-YEAR OFFERED INTERACTIVE HALF-DAY, 1-DAY AND 2-DAY COURSES ON EVERYTHING FROM HOW TO RUN A COMMUNITY ANTI-DRUG COALITION TO HOW TO IMPLEMENT ENVIRONMENTAL STRATEGIES. KEY SPEAKERS INCLUDED CADCA'S CHAIRMAN AND CEO GEN. ARTHUR T. DEAN; CADCA'S PUBLIC POLICY CONSULTANT SUE THAU; MICHAEL BOTTICELLI, DIRECTOR, ONDCP; KANA ENOMOTO, PRINCIPAL DEPUTY ADMINSTRATOR, SAMHSA AND CHARLES REYNOLDS, DIRECTOR, DIVISION OF COMMUNITY PROGRAMS, CSAP.

OTHER MEETINGS & EVENTS:

IN ADDITION TO THE FORUM AND MID-YEAR, CADCA MANAGED NUMEROUS EVENTS THROUGHOUT THE YEAR INCLUDING REGIONAL TRAININGS, BOARD MEETINGS, AND ADVISORY MEETINGS.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

NATIONAL COALITION INSTITUTE

CADCA'S NATIONAL COALITION INSTITUTE, (THE INSTITUTE) IS A FEDERALLY FUNDED PROJECT TO INCREASE THE EFFECTIVENESS OF COMMUNITY ANTI-DRUG COALITIONS THROUGHOUT THE UNITED STATES AND ITS TERRITORIES. THE INSTITUTE PROVIDES TRAINING AND TECHNICAL ASSISTANCE, SUPPORT FOR COALITION EVALUATION AND RESEARCH, AND DEVELOPS AND DISSEMINATES INFORMATION TO PROMOTE EVIDENCE BASED PROGRAMS, POLICIES AND PRACTICES. CADCA ADMINISTERS THE INSTITUTE

Name of the organization: COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number: 54-1610317

ATTACHMENT 4 (CONT'D)

WITH A GRANT THROUGH THE DRUG-FREE COMMUNITIES (DFC) SUPPORT ACT. KEY FEDERAL PARTNERS ARE ONDCP AND SAMHSA.

TRAINING AND TECHNICAL ASSISTANCE:

THE INSTITUTE'S TRAINING AND TECHNICAL ASSISTANCE DEPARTMENT CONDUCTS SEVERAL DISTINCT TYPES OF FACE-TO-FACE TRAINING IN DIFFERENT LOCATIONS AND VENUES THROUGHOUT THE UNITED STATES. THE LENGTH AND CONTENT VARIES. BY PROVIDING A NUMBER OF OPTIONS, INDIVIDUAL COALITIONS CAN SEEK THE TYPE AND LOCATION OF TRAINING THAT BEST MEETS THEIR NEEDS. THE FACE-TO-FACE TRAINING DELIVERY SYSTEM HAS BEEN CAREFULLY DEVELOPED TO PROVIDE HIGH QUALITY AND RELEVANT TRAINING TO A MAXIMUM NUMBER OF COALITIONS IN ALL AREAS OF THE COUNTRY. TRAININGS CAN BE TAILORED TO MEET THE SPECIFIC NEEDS OF COALITIONS IN RURAL, FRONTIER, AND URBAN COMMUNITIES.

TRAININGS OFFERED - THE INSTITUTE HAS OFFERED SEVERAL DIFFERENT TYPES OF FACE-TO-FACE TRAININGS. THESE ARE: THE NATIONAL COALITION ACADEMY, STATE-LEVEL TRAININGS, REGIONAL TRAININGS AND TRAINING AT THE NEW GRANTEE MEETING FOR YEAR 1, YEAR 6 AND MENTORING DFC GRANTEES. TRAINING IS DESIGNED TO BE PARTICULARLY RELEVANT FOR COALITIONS WITH DFC ACT AND THE SOBER TRUTH ON PREVENTING UNDERAGE DRINKING (STOP) ACT GRANTS. THE INSTITUTE STAFF CREATES AND DISTRIBUTES ALL TRAINING AND WORKSHOP CONTENT (WORKBOOKS, POWERPOINT'S, ETC.) FOR INSTITUTE-SPONSORED TRAININGS. IN ADDITION, THE INSTITUTE DETERMINES WORKSHOP CONTENT FOR THE FORUM AND DESIGNS AND DEVELOPS TRAINING FRAMEWORK AND CONTENT FOR THE

Name of the organization
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number
54-1610317

ATTACHMENT 4 (CONT'D)

MID-YEAR INSTITUTE.

THE NATIONAL COALITION ACADEMY - A COMPREHENSIVE TRAINING PROGRAM DEVELOPED BY CADCA'S NATIONAL COALITION INSTITUTE AND OFFERED WITHOUT CHARGE. COALITIONS PARTICIPATING IN THE ACADEMY LEARN ABOUT CREATING AND MAINTAINING PARTNERSHIPS, SUSTAINABILITY, CULTURAL COMPETENCE, ASSESSMENT, PREVENTION PLANNING AND IMPLEMENTATION, AND EVALUATION. PARTICIPATION IN THE NATIONAL COALITION ACADEMY (NCA) IS REQUIRED FOR ALL YEAR 1 GRANTEES. THE NCA COMBINES THREE WEEKS OF CLASSROOM TRAINING PLUS DISTANCE LEARNING AND ACCESS TO A WEB-BASED WORKSTATION.

THE NCA CURRICULUM IS BASED ON THE STRATEGIC PREVENTION FRAMEWORK UTILIZING A COMMUNITY ORIENTED PROBLEM SOLVING PROCESS. IT PROVIDES INTENSIVE ON-SITE AND WEB-BASED TRAINING AND TECHNICAL ASSISTANCE TO COMMUNITY COALITIONS TO ENHANCE COALITION DEVELOPMENT, OPERATION AND EFFICACY. SINCE 2007, CADCA HAS TRAINED OVER 3,000 COALITION MEMBERS REPRESENTING OVER 1,000 COALITIONS AS PART OF THE NCA, AND HAS TRAINED NEARLY 70,000 PEOPLE IN COMMUNITY-LEVEL PREVENTION.

TECHNICAL ASSISTANCE DELIVERY SYSTEM - HISTORICALLY, THE INSTITUTE OPERATED A RESPONSIVE TELEPHONE TECHNICAL ASSISTANCE SYSTEM. ANY COALITION OR PROJECT OFFICER MAY (AT NO COST) REFER TO THE TECHNICAL ASSISTANCE MANAGER VIA THE TECHNICAL ASSISTANCE ("TA") HOTLINE. TODAY, TECHNICAL ASSISTANCE IS RECEIVED IN MULTIPLE WAYS:

Name of the organization: COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number: 54-1610317

ATTACHMENT 4 (CONT'D)

PHONE, EMAIL, REFERRALS, FACE-TO-FACE AND THROUGH THE ONLINE TA REQUEST SYSTEM. NCI STAFF ENSURE ASSESSMENT OF THE REQUESTS AND APPROPRIATE TRIAGE FOR RESOLUTION. ALSO, TECHNICAL ASSISTANCE IS DELIVERED USING VARIOUS METHODS BASED UPON THE PREFERENCE OF THE REQUESTOR OR THE MOST EFFICIENT METHOD FOR DELIVERY. RECOGNIZING THE INTEGRAL ROLE TECHNICAL ASSISTANCE PLAYS IN ENHANCING TRAINING TRANSFER AND ENSURING HIGHER DEGREES OF COMPETENCE AMONG TRAINED COALITION LEADERS, WE ARE ESTABLISHING A TECHNICAL ASSISTANCE CADRE IN ORDER TO EXPAND THE SCOPE OF ITS OFFERINGS TO INCLUDE THE FOLLOWING:

- PROACTIVE TECHNICAL ASSISTANCE INITIATIVE
- INDIVIDUALIZED COALITION ASSISTANCE(FORMERLY PERSONAL COACHING)
- SITE-BASED TECHNICAL ASSISTANCE (AS A PART OF CADCA'S FEE-FOR-SERVICE OFFERINGS)

THE TA MANAGER CONDUCTS A PRELIMINARY DIAGNOSIS OF THE PROBLEM(S) BEING PRESENTED. A "TICKET" IS OPENED AND INDIVIDUALIZED TELEPHONE TA IS PROVIDED BY ONE OR MORE INSTITUTE STAFF OR CONSULTANTS. AN EXCEL-BASED TA TRACKING SYSTEM RECORDS THE TA REFERRAL AND OUTCOMES RESULTING IN A DATA BASE THAT PROVIDES DATA AND MONTHLY, QUARTERLY, AND YEARLY REPORTS. THE REPORT TALLIES NUMBERS, TYPE OF TA PROVIDED, REFERRAL SOURCE, LOCATION OF COALITION AND A VARIETY OF OTHER USEFUL PLANNING DATA. THIS DATA PROVIDES AN "ONGOING NEEDS ASSESSMENT" THAT HELPS STAFF PLAN FOR TYPES OF TRAINING TO

Name of the organization
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number
54-1610317

ATTACHMENT 4 (CONT'D)

BE OFFERED AND PLAN FOR THE DEVELOPMENT OF ADDITIONAL TRAININGS AND RESOURCES.

INNOVATION AND OUTREACH:

THE INNOVATION AND OUTREACH (I & O) DEPARTMENT DEMONSTRATES THE INSTITUTE'S COMMITMENT BY DEDICATING TIME AND STAFF TO DEVELOPING THE NEXT GENERATION OF PRODUCTS, SERVICES, RESOURCES AND SUPPORT OPPORTUNITIES, AND PROVIDING AN ADVANCED LEARNING PATH TO ENSURE NCA GRADUATES ARE ENGAGED AND UTILIZING SCIENCE-BASED TACTICS AND STRATEGIES IN THEIR COMMUNITIES. THIS DEPARTMENT ENSURES THAT THE INSTITUTE PRODUCTS AND SERVICES ARE RELEVANT TO MEETING THE CURRENT NEEDS OF COMMUNITY COALITIONS AND EMPLOYS MULTIPLE MODALITIES TO ENSURE THAT INNOVATIONS ARE DIFFUSED TO THE FIELD.

AS PART OF THEIR ROLE, THE I & O STAFF HELP TO ENSURE THAT THE NATIONAL COALITION INSTITUTE CONTENT IS MAINTAINED AND UPDATED ON THE CADCA WEBSITE. THEY PLAYED A CRITICAL ROLE IN THE 2013/2014 WEB REDESIGN TASK FORCE WHICH IS MUCH MORE RESPONSIVE TO USER NEEDS AND BETTER INCORPORATES WEB 2.0 TECHNOLOGIES. IN ADDITION, DEPARTMENT STAFF PROVIDE SUPPORT WITH SETTING UP AND MODERATING WEBINARS AND DISTANCE LEARNING SESSIONS USING BLACKBOARD COLLABORATE, A SOPHISTICATED AND POWERFUL ONLINE LEARNING PLATFORM. THIS YEAR, I & O STAFF CONTINUED TO INCREASE THE INSTITUTE'S SOCIAL MEDIA PRESENCE (E.G. FACEBOOK, TWITTER, INSTAGRAM, YOUTUBE) TO STRENGTHEN THEIR REACH TO COALITIONS. THEY ALSO CONTINUED TO DEVELOP PODCASTS (AUDIO RECORDINGS) AND VODCASTS

Name of the organization
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number
54-1610317

ATTACHMENT 4 (CONT'D)

(VIDEO RECORDINGS) THAT PROVIDE TECHNICAL ASSISTANCE ON CORE COMPETENCIES AND OTHER ISSUES RELATED TO DEVELOPMENT AND SUSTAINABILITY. THIS YEAR, THE I & O DEPARTMENT CONTINUED TO PARTNER WITH THE EVALUATION AND RESEARCH DEPARTMENT TO PROMOTE COMMUNITY-BASED PARTICIPATORY RESEARCH (CBPR) AND TRANSLATION OF RESEARCH INTO PRACTICE.

THE I & O DEPARTMENT IS ALSO RESPONSIBLE FOR ENSURING THAT THE TRAINING MATERIALS AND PUBLICATIONS FOR THE NATIONAL COALITION INSTITUTE ARE OF HIGH QUALITY. PUBLICATIONS ARE REVIEWED ON AN ANNUAL BASIS AND WRITTEN OR REVISED AS NECESSARY. PRINT COPIES ARE MADE AVAILABLE AT NO-COST AND MOST PUBLICATIONS CAN BE DOWNLOADED AND COPIED IN UNLIMITED QUANTITIES FROM THE WEBSITE. THIS YEAR, 897 PUBLICATIONS (PRIMERS AND BEYOND THE BASICS SERIES) WERE MAILED TO COALITIONS OR DISTRIBUTED AT TRAININGS AND THE I & O TEAM COMPLETED A MIGRATION OF THE INSTITUTE'S SIGNATURE PUBLICATIONS TO AN E-BOOK FORMAT PERMITTING DOWNLOAD AND ACCESS ON DESKTOP COMPUTERS, LAPTOPS, AND PORTABLE ELECTRONIC DEVICES, INCLUDING SMART PHONES.

IN ADDITION TO THE ACTIVITIES OUTLINED ABOVE, THE INNOVATION AND OUTREACH DEPARTMENT CARRIES OUT AN ANNUAL PLAN TO MARKET TRAININGS, PUBLICATIONS TECHNICAL ASSISTANCE, AND VARIOUS INSTITUTE INITIATIVES INCLUDING CADCA'S ANNUAL SURVEY AND THE GOT OUTCOMES! AWARDS PROGRAM. THEY PREPARE AND DISTRIBUTE WRITTEN TRAINING AND CURRICULUM MATERIALS, AND EXHIBIT AT CONFERENCES AND

Name of the organization
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number
54-1610317

ATTACHMENT 4 (CONT'D)

TRAININGS INCLUDING THE NEW GRANTEE MEETING, FORUM AND MID-YEAR TRAINING INSTITUTE.

EVALUATION AND RESEARCH:

EVALUATION AND RESEARCH DEPARTMENT RESPONSIBILITIES INCLUDE BUILDING THE LOCAL DATA COLLECTION AND EVALUATION CAPACITY OF COMMUNITY COALITIONS, BRIDGING THE RESEARCH TO PRACTICE DIVIDE, MANAGING THE INSTITUTE'S INTERNAL AND EXTERNAL EVALUATION EFFORTS, AND TRACKING AND REPORTING ON THE INSTITUTE'S GOVERNMENT PERFORMANCE AND RESULTS ACT (GPRA) MEASURES. IN ADDITION, THE EVALUATION AND RESEARCH DEPARTMENT MANAGES THE ANNUAL 'CADCA GOT OUTCOMES!' COALITION OF EXCELLENCE AWARDS PROCESS, WHICH IDENTIFIES COALITIONS OF EXCELLENCE FOR THE SUBSTANCE ABUSE PREVENTION FIELD. THE FOLLOWING INCLUDES HIGHLIGHTS FROM 2014 RELATED TO THE ABOVE RESPONSIBILITIES:

GPRA MEASURES: FOR THE TENTH YEAR IN A ROW, THE INSTITUTE MET OR EXCEEDED ALL OF ITS GPRA MEASURES AND THE OUTPUT TARGETS SET AS PART OF THE INSTITUTE GRANT. CAREFUL DATA-ENTRY AND RECORD KEEPING OF PARTICIPANT SIGN-IN SHEETS, REGISTRATIONS AND TECHNICAL ASSISTANCE RECORDS DRIVE THIS EFFORT. THE INSTITUTE TRACKS THE NUMBER OF COALITIONS THAT ATTEND TRAININGS LASTING ONE DAY OR MORE IN LENGTH ON ANY TOPIC, ½ DAY OR LONGER TRAININGS ON DATA/EVALUATION RELATED TOPICS, AND DISTANCE LEARNING SESSIONS. ALSO INCLUDED ARE THE NUMBER OF COALITIONS THAT RECEIVE TECHNICAL ASSISTANCE OVER THE COURSE OF THE YEAR.

Name of the organization
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number
54-1610317

ATTACHMENT 4 (CONT'D)

BRIDGING THE RESEARCH TO PRACTICE DIVIDE: IN 2014, THE INSTITUTE CONTINUED TO PARTNER WITH FEDERAL AGENCIES TO SUPPORT RESEARCHER-COMMUNITY PARTNERSHIPS AND COALITION INVOLVEMENT IN COMMUNITY-BASED PARTICIPATORY RESEARCH. THE INSTITUTE CONTINUES TO COLLABORATE WITH WAKE FOREST UNIVERSITY TO CARRY OUT AN NIAAA-FUNDED RESEARCH STUDY TO ASSESS THE EFFICACY OF STRATEGIES TO PREVENT UNDERAGE DRINKING PARTIES. IN ADDITION, THE INSTITUTE IS IN ITS THIRD YEAR OF COLLABORATION WITH NHTSA TO IDENTIFY AND DISSEMINATE EVIDENCE-BASED PRACTICES TO ADDRESS IMPAIRED DRIVING LOCALLY.

THE INSTITUTE'S EXTERNAL EVALUATION: THE INDEPENDENT EVALUATION OF THE INSTITUTE HAS INDICATED THAT COALITIONS THAT RECEIVE TRAINING AND TECHNICAL ASSISTANCE FROM THE INSTITUTE ARE MORE LIKELY TO BOTH ACHIEVE POPULATION-LEVEL CHANGE AND ENGAGE IN PRACTICES THAT LEAD TO POPULATION LEVEL REDUCTIONS IN SUBSTANCE ABUSE RATES THAN SIMILAR COALITIONS THAT DO NOT RECEIVE INSTITUTE SUPPORT. IN 2014, THE INSTITUTE CONTINUED A LONGITUDINAL STUDY TO DETERMINE TO WHAT EXTENT COALITIONS ARE CONTRIBUTING TO THE ACHIEVEMENT OF POPULATION LEVEL OUTCOMES IN THEIR COMMUNITIES.

GOT OUTCOMES! COALITION OF EXCELLENCE AWARDS: IN 2014, 3 COALITIONS (OUT OF 44 SUBMISSIONS) WERE SELECTED BY AN INDEPENDENT PANEL TO RECEIVE A CADCA GOT OUTCOMES! COALITION OF EXCELLENCE AWARD. THE INSTITUTE PROVIDED INTENSIVE AND PERSONALIZED TECHNICAL

Name of the organization: COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number: 54-1610317

ATTACHMENT 4 (CONT'D)

ASSISTANCE ON DATA AND EVALUATION TO ALL OF THE APPLICANTS DURING THE TWO-PHASE APPLICATION PROCESS.

ATTACHMENT 5

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
COMMUNICATIONS		1,469,111.	
PUBLIC POLICY		567,268.	
MEMBERSHIP		253,018.	
TOTALS		2,289,397.	

ATTACHMENT 6

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SUSAN R. THAU 6217 29TH ST., N.W. WASHINGTON, DC 20015	PUB. POLICY CONSULT.	230,917.

ATTACHMENT 7

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
	363,058.
TOTAL	363,058.

Name of the organization
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA

Employer identification number
54-1610317

ATTACHMENT 8

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
CONSULTANTS	1,653,702.	1,611,599.	42,103.	
RETIREMENT PLAN FEES	11,192.		11,192.	
TOTALS	1,664,894.	1,611,599.	53,295.	