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Extended to February 15, 2017  
Short Form

Form 990-EZ

OMB No 1545-1150

Return of Organization Exempt From Income Tax

2015

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-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning	JUL 1, 2015	and ending	JUN 30, 2016
B Check if applicable	C Name of organization		
<input type="checkbox"/> Address change	Alaska Behavioral Health Association		
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)		
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Final return/terminated	PO Box 32917		
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code		
<input type="checkbox"/> Application pending	Juneau, AK 99803		
D Employer identification number			
31-1577012			
E Telephone number			
(907) 523-0376			
F Group Exemption Number ►			
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			
H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			
I Website: ► <a href="http://www.alaskabha.org">www.alaskabha.org</a>			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 184,948.			

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received	1	71,505.
2 Program service revenue including government fees and contracts	2	4,383.
3 Membership dues and assessments	3	109,000.
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events	6a	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	
c Less: direct expenses from gaming and fundraising events	6d	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
7a Gross sales of inventory, less returns and allowances	7b	
b Less: cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	60.
8 Other revenue (describe in Schedule O)	9	184,948.
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	
10 Grants and similar amounts paid (list in Schedule O)	11	
11 Benefits paid to or for members	12	104,956.
12 Salaries, other compensation, and employee benefits	13	4,015.
13 Professional fees and other payments to independent contractors	14	
14 Occupancy, rent, utilities, and maintenance	15	535.
15 Printing, publications, postage, and shipping	16	41,737.
16 Other expenses (describe in Schedule O)	17	151,243.
17 Total expenses. Add lines 10 through 16	18	33,705.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	175,108.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20	0.
20 Other changes in net assets or fund balances (explain in Schedule O)	21	208,813.
21 Net assets or fund balances at end of year. Combine lines 18 through 20		

See Schedule O

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LHA For Paperwork Reduction Act Notice, see the separate instructions

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	175,414.	22 200,872.
23	Land and buildings		23
24	Other assets (describe in Schedule O)	3,194.	24 11,541.
25	<b>Total assets</b>	178,608.	25 212,413.
26	<b>Total liabilities</b> (describe in Schedule O)	3,500.	26 3,600.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	175,108.	27 208,813.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **See Schedule O**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

**28 A public information program providing information to the general public on the state of mental health substance abuse care and its delivery.**

(Grants \$  If this amount includes foreign grants, check here ►  28a 146,345.

29 \_\_\_\_\_

(Grants \$  If this amount includes foreign grants, check here ►  29a \_\_\_\_\_

30 \_\_\_\_\_

(Grants \$  If this amount includes foreign grants, check here ►  30a \_\_\_\_\_

31 Other program services (describe in Schedule O)

(Grants \$  If this amount includes foreign grants, check here ►  31a \_\_\_\_\_32 **Total program service expenses** (add lines 28a through 31a) ►  32 146,345.**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Tom Chard</u> <u>Executive Director</u>	40.00	100,800.	0.	0.
<u>Jerry Jenkins</u> <u>President</u>	2.00	0.	0.	0.
<u>Kevin Munson</u> <u>Vice President</u>	2.00	0.	0.	0.
<u>Dave Branding</u>	2.00	0.	0.	0.
<u>Treasurer</u>	2.00	0.	0.	0.
<u>Laura Baez</u>	2.00	0.	0.	0.
<u>Secretary</u>	2.00	0.	0.	0.
<u>Perry Ahsogeak</u>	2.00	0.	0.	0.
<u>Director</u>	2.00	0.	0.	0.
<u>Denis McCarville</u>	2.00	0.	0.	0.
<u>Director</u>	2.00	0.	0.	0.
<u>Bradley Grigg</u>	2.00	0.	0.	0.
<u>Director</u>	2.00	0.	0.	0.
<u>Andrew Mayo</u>	2.00	0.	0.	0.
<u>Director</u>	2.00	0.	0.	0.
<u>Mary Teachout</u>	2.00	0.	0.	0.
<u>Director</u>	2.00	0.	0.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V 

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b  N/A

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a  0.

b Did the organization file Form 1120-POL for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  N/A

39 Section 501(c)(7) organizations. Enter: 39a  N/A

a Initiation fees and capital contributions included on line 9 39b  N/A

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a  N/A; section 4912 40b  N/A; section 4955 40c  N/A

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40d  N/A

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40e

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40f  N/A

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40g  N/A

41 List the states with which a copy of this return is filed 41  None42a The organization's books are in care of 42a  Dale Valcarce  
Located at 42b  PO Box 32917, Juneau, AKTelephone no. 42c  (907) 523-0376  
ZIP + 4 42d  99803b 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)? 42e  YesIf "Yes," enter the name of the foreign country: 42f 

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 42g  No43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43  43  N/A44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  
 If "Yes," complete Schedule C, Part I

Yes	No
46	X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000 ►   
 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►   
 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ►  Yes  No

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** ► *Tom Chard* Date *10 Feb 2017*  
 Signature of officer  
 ► **Tom Chard, Executive Director**  
 Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	<b>Laura Lindal</b>	<i>Laura Lindal</i>	<b>1/31/07</b>		<b>P01267403</b>
	Firm's name ► <b>Laura Lindal CPA</b>	Firm's EIN ► <b>26-3824391</b>			
Firm's address ► <b>13939 127th Place NE Kirkland, WA 98034</b>				Phone no. <b>206.734.8134</b>	

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

►  Yes  No

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

Alaska Behavioral Health Association

Employer identification number  
31-1577012

Form 990-EZ, Part I, Line 8, Other Revenue:

<u>Description of Other Revenue:</u>	<u>Amount:</u>
<u>Interest</u>	<u>60.</u>

Form 990-EZ, Part I, Line 16, Other Expenses:

<u>Description of Other Expenses:</u>	<u>Amount:</u>
<u>Memberships</u>	<u>24,685.</u>
<u>Conferences</u>	<u>15,489.</u>
<u>Insurance</u>	<u>1,457.</u>
<u>Licenses and other</u>	<u>106.</u>
<u>Total to Form 990-EZ, line 16</u>	<u>41,737.</u>

Form 990-EZ, Part II, Line 24, Other Assets:

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
<u>Receivables</u>	<u>3,194.</u>	<u>11,541.</u>

Form 990-EZ, Part II, Line 26, Other Liabilities:

<u>Description</u>	<u>Beg. of Year</u>	<u>End of Year</u>
<u>Accounts payable</u>	<u>0.</u>	<u>1,600.</u>
<u>Deferred revenue</u>	<u>3,500.</u>	<u>2,000.</u>
<u>Total to Form 990-EZ, line 26</u>	<u>3,500.</u>	<u>3,600.</u>

Form 990-EZ, Part III, Primary Exempt Purpose - The mission of ABHA is to  
enhance behavioral health and quality of life for all Alaskans by  
providing leadership which insures high quality, affordable behavioral  
health services.

**Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:**

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.