

Extended to May 15, 2019

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OMB No. 1545-1150

Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

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

2017

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

B Check if applicable:	C Name of organization		D Employer identification number
<input checked="" type="checkbox"/> Address change	Alaska Behavioral Health Association		31-1577012
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Initial return	3406 Glacier Hwy	Room/suite	(907) 321-5778
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number
<input type="checkbox"/> Amended return	Juneau, AK 99801	DB	
<input type="checkbox"/> Application pending			
G Accounting Method:	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►
I Website:	► www.alaskabha.org		
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
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. ► \$ 189,263.			

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

Revenue SCANNED APR 23 2018	1 Contributions, gifts, grants, and similar amounts received	1 52,087.
	2 Program service revenue including government fees and contracts	2 1,819.
	3 Membership dues and assessments	3 135,300.
	4 Investment income	4 57.
	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	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	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)	6b
c Less: direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 189,263.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 104,804.
	13 Professional fees and other payments to independent contractors	13 2,650.
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 333.
	16 Other expenses (describe in Schedule O)	16 48,945.
	17 Total expenses. Add lines 10 through 16	17 156,732.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 32,531.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 218,715.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 251,246.

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

Form 990-EZ (2017)

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	221,868.22	251,843.
23 Land and buildings	23	
24 Other assets (describe in Schedule O) See Schedule O	2,603.24	2,603.
25 Total assets	224,471.25	254,446.
26 Total liabilities (describe in Schedule O) See Schedule O	5,756.26	3,200.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	218,715.27	251,246.

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 152,911.

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 31a32 Total program service expenses (add lines 28a through 31a) 32 152,911.**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	97,538.	0.	0.
<u>Kevin Munson</u>	2.00	0.	0.	0.
<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>Lance Johnson</u>	2.00	0.	0.	0.
<u>Secretary</u>	2.00	0.	0.	0.
<u>Perry Ahsogeaak</u>	2.00	0.	0.	0.
<u>President</u>	2.00	0.	0.	0.
<u>Denis McCarville</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>Jennifer Volkman</u>	2.00	0.	0.	0.
<u>Director</u>	2.00	0.	0.	0.
<u>Polly-Beth Odom</u>	2.00	0.	0.	0.
<u>Director</u>	2.00	0.	0.	0.
<u>April Kyle</u>	2.00	0.	0.	0.
<u>Director</u>	2.00	0.	0.	0.

B0

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a <input type="text" value="0"/>	37a	<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	<input checked="" type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	39a	<input checked="" type="checkbox"/>
a Initiation fees and capital contributions included on line 9	39b	<input checked="" type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	39b	<input checked="" type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A	40b	<input checked="" type="checkbox"/>
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		
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 ► N/A		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 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		
41 List the states with which a copy of this return is filed ► None		
42a The organization's books are in care of ► Dale Valcarce Telephone no. ► (907) 463-3303 Located at ► PO Box 32917, Juneau, AK ZIP + 4 ► 99803		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ► 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 the United States?	42c	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ► 43 <input type="checkbox"/>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 <input type="checkbox"/>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	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 N/A	(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

1 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* Signature of officer Date *01 MAR 2019*
► **Tom Chard, Executive Director** Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Laura Lindal	<i>Laura Lindal</i>	2/13/19		P01267403
	Firm's name ► Laura Lindal				Firm's EIN ► 26-3824391
	Firm's address ► 5509 Canvasback Road Blaine 98230				Phone no. 206.734.8134

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

Alaska Behavioral Health Association

Employer identification number
31-1577012

Form 990-EZ, Part I, Line 4, Other Investment Income:

Description of Property: **Amount:**

Interest 57.

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

Description of Other Expenses: **Amount:**

Memberships 20,505.

Conferences 27,102.

Insurance 1,232.

Licenses and other 106.

Total to Form 990-EZ, line 16 48,945.

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

Description **Beg. of Year** **End of Year**

Receivables 2,603. 2,603.

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

Description **Beg. of Year** **End of Year**

Accounts payable 5,756. 3,200.

**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:

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

Alaska Behavioral Health Association

Employer identification number
31-1577012

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.