	-		Extended to May 15, 202 Return of Organization Exempt Fro	5 om Ir	ncome Tax	OMB No. 1545-0047
Form <b>99</b>		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coc			2023
Depa	rtment o	f the Treasury	Do not enter social security numbers on this form as it n	-	•	Open to Public
Interr	al Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the la			Inspection
			ar year, or tax year beginning JUL 1,2023 and endi	ل ing	· · · · · · · · · · · · · · · · · · ·	
	heck if	e:	organization		D Employer identifica	tion number
	Addre: Chang Name	E Drug	Abuse Treatment Association, Inc.			
	_chang	e Doing b	usiness as		59-136388	7
	return		,	m/suite	E Telephone number	1004
	Final return/ termin		Clemons Street 300	0	· · ·	-1034
	ated Ameno	City or t	own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	11,548,496.
	_return ]Applic	Jupi	ter, FL 33477		H(a) Is this a group retu	
	tion pendir		nd address of principal officer: John E. Fowler		for subordinates?	
					H(b) Are all subordinates inclu	
		empt status:		527	If "No," attach a lis	
	Vebsi		drugabusetreatment.org X Corporation Trust Association Other	• \/	H(c) Group exemption	
	art I	Summary	X Corporation Trust Association Other	L Year (	f formation: 1966 M	State of legal domicile; F L
10			e the organization's mission or most significant activities: DATA pr	rovi	les effective	guality
e			s for children, adolescents (continue			
an a		Check this bo				
Governance						s. 9
g			ependent voting members of the governing body (Part VI, line 1a)		9	
			of individuals employed in calendar year 2023 (Part V, line 2a)			265
Activities &			of volunteers (estimate if necessary)			0
ž			d business revenue from Part VIII, column (C), line 12			0.
Ă			business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
•	8	Contributions	and grants (Part VIII, line 1h)	-	10,325,387.	11,188,979.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		142,713.	224,672.
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		90,079.	134,845.
Ĕ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,558,179.	11,548,496.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid	o or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		8,458,887.	9,526,085.
) Sus	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b		ng expenses (Part IX, column (D), line 25) 0 .	_	4	
ш	''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,398,768.	1,553,429.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,857,655.	11,079,514.
		Revenue less	expenses. Subtract line 18 from line 12		700,524.	468,982.
Assets or A Balances		<b>-</b>			jinning of Current Year	End of Year
Ssei	20	Total assets (F			6,171,457.	6,611,445.
Net A			(Part X, line 26)		<u>1,746,797.</u> 4,424,660.	<u>1,717,576.</u> 4,893,869.
	22 art II	Net assets or	fund balances. Subtract line 21 from line 20		-, -24,000.	4,075,009.
		Ū.	declare that I have examined this return, including accompanying schedules and	etatamo	nte and to the best of my k	nowledge and belief it is
			Declaration of preparer (other than officer) is based on all information of which p			iowieuye allu bellel, il is
uue,	COLLEC	, and complete.		neparer I		

Sign	Signature of officer		Date					
Here	John E. Fowler, President & CEO							
	Type or print name and title	<b>\</b>						
	Print/Type preparer's name	Prevacer's signature	Date Check	PTIN				
Paid	Scott Y. Haynes, CPA	Dochult ch	3-2-2025 self-emp	ployed <b>P01366363</b>				
Preparer	Firm's name Holyfield & Thoma	s, LLC	Firm's EIN	65-1083521				
Use Only	Firm's address 125 Butler Street							
	West Palm Beach,	FL 33407 '	Phone no. (	561) 689-6000				
May the If	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 See Schedule O for Organization Mission Statement Continuation

orm	990 (2023) Drug Abuse Treatment Association, Inc. 59-1363887 Page
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Our mission is to provide effective quality programs for children and
	adolescents, and their families experiencing problems with substance
	abuse and/or juvenile delinquency. We provide services in Palm Beach,
	St. Lucie, Martin, Indian River and Okeechobee counties. We are
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 \$ 2,415,058. including grants of \$) (Revenue \$ 81,458.
	Residential - DATA operates two adolescent residential substance use
	treatment centers: Walter D. Kelly Center (West Palm Beach) and Norman
	C. Hayslip Center (Fort Pierce). Admission is determined in part by
	meeting placement criteria as defined by the American Society of
	Addiction Medicine. The program consists of three interrelated
	components: therapeutic, behavioral, and academic. The therapeutic
	component consists of participation in evidence-based individual,
	family, and group therapy that addresses issues identified in the
	client's collaboratively developed strengths-based treatment plan. The
	behavioral component consists of a level system that rewards positive
	behaviors. Clients must also progress academically by participating in
	our onsite school provided by local school districts. Successful
4b	(Code:) (Expenses \$2, 258, 759. including grants of \$) (Revenue \$)
τIJ	Prevention - DATA provided evidence-based prevention programs (Project
	SUCCESS) in middle and high schools throughout Palm Beach, Martin, St.
	Lucie, and Indian River counties. This program uses interventions that
	are effective in reducing risk factors and enhancing protective
	factors. Services include individual/family/group counseling
	(indicated), a prevention education series and parent groups (universal
	direct), and environmental awareness activities (universal indirect).
	During the fiscal year 703 youth participated in individual counseling
	with an average success rate of 98%. Additionally, over 4,000 youth
	participated in the prevention education series.
	participated in the prevention education series.
	1 201 11E
4c	(Code:)(Expenses \$1,291,115. including grants of \$) (Revenue \$)
	both individuals and the community. Community services include
	education, identification, and linkage with high-risk groups. These
	services are designed to encourage, educate and engage prospective
	clients who show an indication of substance use and/or mental health
	problems or needs. DATA provides outreach services in the public-school
	system and in other community settings and provided outreach services
	to approximately 10,000 youth, parents, and community members.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 3,952,940. including grants of \$ ) (Revenue \$ 143,214.)
	Total program service expenses 9,917,872.
<u>4e</u>	
4e	Form <b>990</b> (202
	Form 990 (202 See Schedule O for Continuation(s)

Form 990 (2023)				Association,	Inc
Part IV Checklist of R	lequired	Schedule	es		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		<u>X</u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		<u> </u>
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?	9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		- 11
10		10		х
11	or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	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		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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		<u> </u>
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,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00-	complete Schedule G, Part III	19		<u>x</u> x
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
332000	3 12-21-23		990	2023)
02000		1 0111		

332003 12-21-23

4

 Form 990 (2023)
 Drug Abuse Treatment Association, Inc.
 59-1363887

 Part IV
 Checklist of Required Schedules (continued)
 59-1363887

			Yes	No
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		х
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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20				
•	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
d		00-		х
h	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
~~	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		<u> </u>
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		<u>X</u>
	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		<u> </u>
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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 15			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	12-21-23	Form	990	(2023)
	5			. /

Form	990 (2023) Drug Abuse Treatment Association, Inc. <b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)	59-1363	887	Pa	<sub>age</sub> 5
				Yes	No
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 265			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	X	
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other at				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac		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 Ac	counts (FBAR).			
5a			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	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 contribution				
~	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a		х
			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
-	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 co	•	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	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:				
а	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:				
а	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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		L
	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	1			
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	e O	14b		<b> </b>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				-
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		<b></b>
	If "Yes," complete Form 6069.			0000	
332005	12-21-23		Form	990	(2023)

16530301 784176 0223600

<sup>6</sup> 2023.05060 DRUG ABUSE TREATMENT ASSO 02236001

Form 990	(2023)
----------	--------

165

# Drug Abuse Treatment Association, Inc.

59-1363887 Page 6

Т

Т

1 01111 000 (		_
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 on Schedule O. See instructions.	
	Check if Schedule O contains a response or note to any line in this Part VI	]

Check if Schedule O contains a response or note to any line in this Part VI	
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	2		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9	2		
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, trustees, or key employees to a management company or other person?	3		X 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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		X
ec	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
Da	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	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		
ec	ion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed $\_FL$			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	.,		
	Own website X Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Scott Sherman, CFO - (561) 743-1034			
	1016 Clemons Street, Suite 300, Jupiter, FL 33477			

Form 990 (2023)	Drug Abuse	Treatment	Association,	Inc.	59-1363887	Page 7		
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if Sche	dule O contains a response	e or note to any line i	in this Part VII					
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
					n or within the organization's lless of amount of compens	,		
Enter -0- in columns (D), (E		, , ,		izations), regard	less of amount of compens	ation.		
<ul> <li>List all of the organiz</li> </ul>	ation's current key emplo	yees, if any. See the	instructions for definition	of "key employe	e."			

• 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		yolqr	t con		1099-NEC)		and related organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) John Fowler	40.00		_							
President/CEO				х				247,429.	Ο.	60,963.
(2) Carol Fiddis	40.00									
COO						x		117,593.	Ο.	25,324.
(3) Scott Sherman	40.00									
CFO						x		103,840.	Ο.	28,076.
(4) James Jay Flicker	40.00									
Chief of Staff						Х		101,610.	0.	26,605.
(5) James McInnis	1.00									
Chairman		Х		Х				0.	0.	0.
(6) Jeff White	1.00									
Chairman/Vice Chairman		Х		Х				0.	0.	0.
(7) Mark Taplett	1.00									
Treasurer		Х		Х				0.	0.	0.
(8) Erskine Rogers III	1.00									
Secretary		Х		Х				0.	0.	0.
(9) Eric Seymour	1.00									
Secretary/Vice Chairman		Х		Х				0.	0.	0.
(10) Gary Frechette	1.00									
Member		Х						0.	0.	0.
(11) Sallyann Mohler	1.00									
Member		Х						0.	0.	0.
(12) Maryann Pascarella	1.00									
Member		Х						0.	0.	0.
(13) Andrew Combs	1.00									
Member		Х						0.	0.	0.
						<u> </u>				
332007 12-21-23				_	_					Form <b>990</b> (2023)

332007 12-21-23

Form 990 (2023)

#### 16530301 784176 0223600

	- 1 / 11								tion, Inc.	59-1363	3887 Page <b>8</b>
Pai	t VII Section A. Officers, Directors, Trust (A) Name and title	ees, Key Emp (B) Average hours per week	(do box,		(C Posi neck r ss per	C) ition more f son is	l than c s both	one i an	ompensated Employee (D) Reportable compensation from	<u>(continued)</u> (E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no	, Section A		· · · · · · · ·		·····			570,472. 0. 570,472.	0 . 0 . 0 0 .	0.
3	Compensation from the organization						-				4 Yes No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any paraea listed on line 1a proving or p	m of reportable ,000? <i>If</i> "Yes,"	e co " <i>coi</i>	mpe mple	ensat ete S	tion Sche	and edule	oth J fo	or such individual	he organization	3 X 4 X
	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> , <b>tion B. Independent Contractors</b>	plete Schedule	e J fo	or su	ch <u>c</u>	berso	on .		- 		5 X
1	Complete this table for your five highest cor the organization. Report compensation for t (A) Name and business	he calendar ye	ear e		g wi					ear.	(C) Compensation
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	l to t	thos 0	e lis )	ted	above) who received m	ore than	Form <b>990</b> (2023)

332008 12-21-23

Oneck if Schedule O contains a response or note to any line in the Part VII         (A)         (C)         Operating (C) <th col<="" th=""><th></th><th></th><th>(2023) Drug Abuse D</th><th><b>Treatment</b></th><th>Association</th><th>n, Inc.</th><th>59-1363</th><th>887 Page 9</th></th>	<th></th> <th></th> <th>(2023) Drug Abuse D</th> <th><b>Treatment</b></th> <th>Association</th> <th>n, Inc.</th> <th>59-1363</th> <th>887 Page 9</th>			(2023) Drug Abuse D	<b>Treatment</b>	Association	n, Inc.	59-1363	887 Page 9
Total revenue         Petate or exempt Indition revenue         Constant butters in the indition revenue business revenue         Constant business revenue business revenue busine revenue business revenue busine revenue business reven	Pai	rt VII							
Bot Membership dusit         Bit           c         Feldeted organizations         10           d         Related organizations         10           d         Related organizations         10           g         Botation downing wents         10           g         Botation downing wents         11           g         Botation downing wents         134           g         Intestment for members         134           g         Total Add lines 22:1         224           g         Total Add lines 22:1         134			Check if Schedule O contains a respon	<u>se or note to any</u>	(A)	Related or exempt	Unrelated	Revenue excluded	
By Membership Ques         Ib           6         Fundating events         Id           10         10.906,725.           6         All other contributions, pfts, gnats, and smiler anours molicided above         Id           9         Morate commons gnates (contributions)         Id         10.906,725.           7         All other contributions, pfts, gnats, and smiler anours molicided above         Id         11.188,973.           9         Morate commons gnates (contributions)         Id         11.188,973.           9         Cost ansatz Sector         900093         43,214.         143,214.           9         Cost Statuse Program         900093         43,214.         143,214.           9         Cost Statuse Program         900093         33,674.         39,674.           9         Total. Add lines 2x27         224,672.         224,672.           3         Income from investment dome (nobaling dividends, interest, and other similar anounts)         134, 465.         134, 465.           14         Income from investment dome (nobaling dividends, interest, and state soprames	s s	1 a	Federated campaigns 1a	280,29	5.				
Base         Buttimes Code         Add (1)           2 a Insurance Fees         90099         143,214         143,214         143,214           a Client Service Fees         90099         41,784         41,784         143,214           a Code Stamps Program         90099         41,784         41,784         143,214           a Code Stamps Program         90099         41,784         41,784         144,784           a Code Stamps Program Service reveue         143,214         143,214         143,214         143,214           a Total Add lines 2a2f         224,672         143,845         134,845         134,845           a Total Add lines 2a2f         224,672         134,845         134,845         134,845           b Less: rental expenses         60         134,845         134,845         134,845           c Rental income or (loss)         62         134,945         134,845         134,845           c Gair or (loss)         7a         Gross anout from site of assis of area real income or (loss)         17a         17a <t< td=""><th>iran</th><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	iran								
Base         Buttimes Code         Add (1)           2 a Insurance Fees         90099         143,214         143,214         143,214           a Client Service Fees         90099         41,784         41,784         143,214           a Code Stamps Program         90099         41,784         41,784         143,214           a Code Stamps Program         90099         41,784         41,784         144,784           a Code Stamps Program Service reveue         143,214         143,214         143,214         143,214           a Total Add lines 2a2f         224,672         143,845         134,845         134,845           a Total Add lines 2a2f         224,672         134,845         134,845         134,845           b Less: rental expenses         60         134,845         134,845         134,845           c Rental income or (loss)         62         134,945         134,845         134,845           c Gair or (loss)         7a         Gross anout from site of assis of area real income or (loss)         17a         17a <t< td=""><th>S, G</th><td>с</td><td>· · · · · · · · · · · · · · · · · · ·</td><td></td><td></td><td></td><td></td><td></td></t<>	S, G	с	· · · · · · · · · · · · · · · · · · ·						
Base         Buttimes Code         Add (1)           2 a Insurance Fees         90099         143,214         143,214         143,214           a Client Service Fees         90099         41,784         41,784         143,214           a Code Stamps Program         90099         41,784         41,784         143,214           a Code Stamps Program         90099         41,784         41,784         144,784           a Code Stamps Program Service reveue         143,214         143,214         143,214         143,214           a Total Add lines 2a2f         224,672         143,845         134,845         134,845           a Total Add lines 2a2f         224,672         134,845         134,845         134,845           b Less: rental expenses         60         134,845         134,845         134,845           c Rental income or (loss)         62         134,945         134,845         134,845           c Gair or (loss)         7a         Gross anout from site of assis of area real income or (loss)         17a         17a <t< td=""><th>Gift lar</th><td></td><td>•</td><td></td><td>_</td><td></td><td></td><td></td></t<>	Gift lar		•		_				
Base         Buttimes Code         Add (1)           2 a Insurance Fees         90099         143,214         143,214         143,214           a Client Service Fees         90099         41,784         41,784         143,214           a Code Stamps Program         90099         41,784         41,784         143,214           a Code Stamps Program         90099         41,784         41,784         144,784           a Code Stamps Program Service reveue         143,214         143,214         143,214         143,214           a Total Add lines 2a2f         224,672         143,845         134,845         134,845           a Total Add lines 2a2f         224,672         134,845         134,845         134,845           b Less: rental expenses         60         134,845         134,845         134,845           c Rental income or (loss)         62         134,945         134,845         134,845           c Gair or (loss)         7a         Gross anout from site of assis of area real income or (loss)         17a         17a <t< td=""><th>ns, Simi</th><td></td><td>5 ( )</td><td>10,908,52</td><td>5.</td><td></td><td></td><td></td></t<>	ns, Simi		5 ( )	10,908,52	5.				
Base         Buttimes Code         Add (1)           2 a Insurance Fees         90099         143,214         143,214         143,214           a Client Service Fees         90099         41,784         41,784         143,214           a Code Stamps Program         90099         41,784         41,784         143,214           a Code Stamps Program         90099         41,784         41,784         144,784           a Code Stamps Program Service reveue         143,214         143,214         143,214         143,214           a Total Add lines 2a2f         224,672         143,845         134,845         134,845           a Total Add lines 2a2f         224,672         134,845         134,845         134,845           b Less: rental expenses         60         134,845         134,845         134,845           c Rental income or (loss)         62         134,945         134,845         134,845           c Gair or (loss)         7a         Gross anout from site of assis of area real income or (loss)         17a         17a <t< td=""><th>er S</th><td>f</td><td></td><td>1 5</td><td>0</td><td></td><td></td><td></td></t<>	er S	f		1 5	0				
Base         Buttimes Code         Add (1)           2 a Insurance Fees         90099         143,214         143,214         143,214           a Client Service Fees         90099         41,784         41,784         143,214           a Code Stamps Program         90099         41,784         41,784         143,214           a Code Stamps Program         90099         41,784         41,784         144,784           a Code Stamps Program Service reveue         143,214         143,214         143,214         143,214           a Total Add lines 2a2f         224,672         143,845         134,845         134,845           a Total Add lines 2a2f         224,672         134,845         134,845         134,845           b Less: rental expenses         60         134,845         134,845         134,845           c Rental income or (loss)         62         134,945         134,845         134,845           c Gair or (loss)         7a         Gross anout from site of assis of area real income or (loss)         17a         17a <t< td=""><th>Oth</th><td></td><td></td><td>15.</td><td><u> </u></td><td></td><td></td><td></td></t<>	Oth			15.	<u> </u>				
Base         Buttimes Code         Add (1)           2 a Insurance Fees         90099         143,214         143,214         143,214           a Client Service Fees         90099         41,784         41,784         143,214           a Code Stamps Program         90099         41,784         41,784         143,214           a Code Stamps Program         90099         41,784         41,784         144,784           a Code Stamps Program Service reveue         143,214         143,214         143,214         143,214           a Total Add lines 2a2f         224,672         143,845         134,845         134,845           a Total Add lines 2a2f         224,672         134,845         134,845         134,845           b Less: rental expenses         60         134,845         134,845         134,845           c Rental income or (loss)         62         134,945         134,845         134,845           c Gair or (loss)         7a         Gross anout from site of assis of area real income or (loss)         17a         17a <t< td=""><th>Son</th><td>-</td><td></td><td></td><td>11,188,979.</td><td></td><td></td><td></td></t<>	Son	-			11,188,979.				
9         0         11 a         900099         41,784.         41,784.           900099         39,674.         39,674.         39,674.         39,674.           900099         39,674.         39,674.         39,674.         39,674.           900099         39,674.         39,674.         39,674.         39,674.           9         Total. Add lines 2a.21         224,672.         224,672.         224,672.           9         Total. Add lines 2a.21         134,845.         134,845.         134,845.           4         Income from investment of tax-exempt bond proceeds         5         Royatiles         6         6           6         Gross rents         6         6         6         6         6           7         Gross rents         6         6         6         6         6           7         Gross rents         6         6         6         6         6           8         Gross rents         6         6         6         6         6         6           9         Less: Grost somont from salies of Total Adsis         7         7         7         7         7         7         7         7         7         7	0.0			Business Cod	, , ,				
In the second	e	2 a	Insurance Fees	900099	143,214.	143,214.			
In the second	e rvic	b	Client Service Fees	900099	41,784.	41,784.			
In the second	i Se	с	Food Stamps Program	900099	39,674.	39,674.			
In the second	Tam	d		_					
In the second	rog	е		_					
3       Investment income (including dividends, interest, and other similar amounts)       134,845.       134,845.         4       Income from investment of tax exempt bond proceeds       134,845.       134,845.         6       a Gross rents       5a       5b       134,845.         b Less: rental expenses       6b       6c       134,945.       134,845.         7       a Gross amount from sales of assets other than inventory       6c       1000000000000000000000000000000000000	α.	f			224 672				
other similar amounts)         134,845.         134,845.           4         income from investment of tax-exempt bond proceeds         134,845.         134,845.           5         Royaties         114,845.         134,845.           6         a Gross rents         6         114,845.         134,845.           6         a Gross rents         6         114,845.         134,845.           7         a Gross rents         6         114,845.         134,845.           8         a Gross rents         6         114,845.         134,845.           9         C Garos rents         6         114,845.         134,845.           9         A Ret spin come or (loss)         114,945.         114,845.         114,845.           9         C Gain or (loss)         72         114.845.         114,945.         114,945.           9         A Ret gain or (loss)         72         124.72         124.72         124.72           9         A Ret gain or (loss)         102         102         114.845.         114,945.           9         A Ret gain or (loss)         102         102         114.945.95.         124.945.95.           9         A Ret spin orent from fundraising events         114.945.95.									
4       Income from investment of tax-exempt bond proceeds         5       Royatties <ul> <li>(i) Real</li> <li>(ii) Personal</li> <li>(iii) Personal</li> <li>(iiii) Personal</li> <li>(iii) Perso</li></ul>		U			134,845.			134,845.	
Ga         Gross rents         Ga         (i) Peal         (ii) Personal           b         Less: rental expenses         Gb		4	,						
6 a         Gross rents         6a           b         Less: rental expenses         6b           c         Rental income or (loss)         6c           d         Net rental income or (loss)         6c           7         a         Gross amount from sales of assets of the than inventory         7a           7         a         Gross amount from sales of assets of the than inventory         7a           b         Less: cost or of the basis and sales expenses         7b           c         Gain or (loss)         Tc         0           8         Gross income from fundraising events (not including \$\$ or (loss)         0         0           8         Gross income from fundraising events (not including \$\$ or of contributions reported on line 1c). See         8a         0           9         Cross income from gaming activities. See         9a         0         0           9         Gross income for (loss) from gaming activities. See         9a         0         0           9         Gross income for (loss) from gaming activities. See         0         0         0           9         Gross income for (loss) from sales of inventory.         0         0         0           10         Gross income from gaming activities.         0		5	Royalties						
b       Less: rental expenses       6b			(i) Real	(ii) Persona	<u> </u>				
a       c       Rental income or (loss)       Bc		6 a			_				
d       Net rental income or (loss)		b			_				
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses       10       10       10         6 Gain or (loss)       7a       7b       7c       7c       7c         6 Net gain or (loss)       7b       7c       7c       7c         7a       7b       7c       7c       7c         7a       7b       7c       7c       7c         7a       7c									
assets other than inventory b       Ta       Ta         b       Less: cost or other basis and sales expenses and sales expenses and sales expenses and sales expenses       Ta       Ta         c       Gain or (loss)       Tc       To       To         d       Met gain or (loss)       To       To       To         8       a       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       Ba       Ba         b       Less: direct expenses       Bb       Difference       Difference       Difference         9       a       Gross income from gaming activities. See Part IV, line 19       Ba       Ba       Difference       Difference       Difference         9       a       Gross sales of inventory, less returns and allowances       Difference       Difference       Difference       Difference         10       a       Gross sales of inventory, less returns and allowances       Difference       Difference       Difference       Difference         11			· · · · · · · · · · · · · · · · · · ·	ii) Other					
open contributions       7b       7b         c Gain or (loss)       7b       7c         d Net gain or (loss)       7c       7c         8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       8a         b Less: direct expenses       8b         c Net income or (loss) from fundraising events       0         9 a Gross income from gaming activities. See Part IV, line 19       9a         9 a Gross income from gaming activities       9a         c Net income or (loss) from gaming activities       0         10 a Gross sales of inventory, less returns and allowances       0a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         c Net income or (loss) from sales of inventory       0         a d allowances       0b         b Less: cost of goods sold       0b         c Net income or (loss) from sales of inventory       0         c All intervenue       0         c All other revenue       0         c		<i>i</i> a			-				
and sales expenses       Th       Th       Th         c       Gain or (loss)       To       To       To         d       Net gain or (loss)       To       To       To         8 a       Gross income from fundraising events (not including \$of contributions reported on line 1c). See Part IV, line 18       Ba       Ba       Ba         b       Less: direct expenses       Bb       Bb       Encode to the set of the set		b			-				
generative       c       Gain or (loss)       7c       0       0         d       Net gain or (loss)       0       0       0       0         8 a       Gross income from fundraising events (not including \$of contributions reported on line 1c). See Part IV, line 18       8a       0       0         b       Less: direct expenses       8b       0       0       0         c       Net income or (loss) from fundraising events       0       0       0         g       a       Gross income from gaming activities       0       0       0         b       Less: direct expenses       9b       0       0       0       0         b       Less: direct expenses       9b       0       0       0       0       0         c       Net income or (loss) from gaming activities       0	e								
d       Net gain or (loss)	/eni	с							
contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b Less: direct expenses       Bb         c Net income or (loss) from fundraising events       9         9 a Gross income from gaming activities. See       9a         Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities. See       9a         Part IV, line 19       9a         b Less: direct expenses       9b         c Net income or (loss) from gaming activities       0         10 a Gross sales of inventory, less returns and allowances       10a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         ganget       11 a         b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       0         d All other revenue       0         e Total. Add lines 11a-11d       11, 548, 496.       224, 672.       0.         12       Total revenue. See instructions       11, 548, 496.       224, 672.       0.       134, 845		d	Net gain or (loss)						
Part IV, line 18 8a   b Less: direct expenses   9 a Gross income from gaming activities. See   9 a Gross income from gaming activities. See   9 a Gross income from gaming activities. See   9 a Gross income or (loss) from gaming activities   b Less: direct expenses   9 b Business Code   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   b Less: cost of goods sold   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   c Met income or (loss) from sales of inventory   d All other revenue   e Total Add lines 11a-11d   12 Total revenue. See instructions	Other	8 a	including \$ of						
b       Less: direct expenses       8b       Ab         9 a       Gross income from gaming activities. See Part IV, line 19       9a       Ab       Ab         b       Less: direct expenses       9b       Ab       Ab       Ab         b       Less: direct expenses       9b       Ab       Ab       Ab         c       Net income or (loss) from gaming activities       Ab       Ab       Ab       Ab         c       Net income or (loss) from gaming activities       Ab       Ab       Ab       Ab       Ab         c       Net income or (loss) from gaming activities       Ab       <			. ,	0-					
see a gross income or (loss) from fundraising events       9 a gross income from gaming activities. See Part IV, line 19       9 a gross income from gaming activities. See Part IV, line 19       9 a gross income from gaming activities. See Part IV, line 19       9 a gross income from gaming activities. See Part IV, line 19       9 a gross income from gaming activities. See Part IV, line 19       9 a gross income from gaming activities. See Part IV, line 19       9 a gross income from gaming activities. See Part IV, line 19       9 a gross income from gaming activities. See Part IV, line 19       9 a gross income from gaming activities. See Part IV, line 19       9 a gross income from gaming activities. See Part IV, line 19       9 a gross income from gaming activities. See Part IV, line 19       9 a gross income from gaming activities. See Part IV, line 19       9 a gross income from gaming activities. See Part IV, line 19       9 a gross income from gaming activities. See Part IV, line 19       9 a gross income from gaming activities. See Part IV, line 19       9 a gross income from gaming activities. See Part IV, line 19       0 a gross income from gaming activities. See Part IV, line 10 gross income from gaming activities. See Part IV, line 10 gross income from gaming activities. See Part IV, line 10 gross income from gaming activities. See Part IV, line 10 gross income from gaming activities. See Part IV, line 10 gross income from gaming activities. See Part IV, line 10 gross income from gaming activities. See Part IV, line 10 gross income from gaming activities. See Part IV, line 10 gross income from gaming activities. See Part IV, line 10 gross income from gaming activities. See Part IV, line 10 gross income from gaming activities. See Part IV, line 10 gross income from gaming activities. See Part IV, line 10 gross income fr		h							
9 a Gross income from gaming activities. See   Part IV, line 19   b Less: direct expenses   9b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   b Less: cost of goods sold   10 a It income or (loss) from sales of inventory   b Less: cost of goods sold   10 a It income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   11 a Business Code   b It income or (loss) from sales of inventory   c All other revenue   e Total revenue. See instructions   11 2 Total revenue. See instructions									
Part IV, line 19 9a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Mathematical Structure   d All other revenue   e Total. Add lines 11a-11d   12 Total revenue. See instructions									
b       Less: direct expenses       9b       Image: Second seco				9a					
10 a Gross sales of inventory, less returns and allowances		b		9b					
and allowances       10a         b       Less: cost of goods sold         c       Net income or (loss) from sales of inventory         some or (loss) from sales of inventory       Image: some or (loss) from sales of inventory         11 a		С	Net income or (loss) from gaming activities						
b Less: cost of goods sold 10b 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		10 a	-						
c       Net income or (loss) from sales of inventory       Business Code       Image: Control of the second seco		-			_				
Business Code         Main         Business Code         Main         Mai									
11 a	-+		The moothe of (1055) from sales of inventory						
e         Total. Add lines 11a-11d         11,548,496.         224,672.         0.         134,845           12         Total revenue. See instructions         11,548,496.         224,672.         0.         134,845	snc	11 a							
e         Total. Add lines 11a-11d         11,548,496.         224,672.         0.         134,845           12         Total revenue. See instructions         11,548,496.         224,672.         0.         134,845	anec	b							
e         Total. Add lines 11a-11d         11,548,496.         224,672.         0.         134,845           12         Total revenue. See instructions         11,548,496.         224,672.         0.         134,845	sellé eve	с		_					
e         Total. Add lines 11a-11d         11,548,496.         224,672.         0.         134,845           12         Total revenue. See instructions         11,548,496.         224,672.         0.         134,845	Misc	d							
	_	е				004 650		124 045	
	00000				. 1 11,548,496.	224,0/2.	I 0.	Form <b>990</b> (2023	

10 2023.05060 drug abuse treatment asso 02236001

cti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must corr	nplete column (A).	
	Check if Schedule O contains a response			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
I	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
;	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
•	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	319,213.	286,031.	33,182.	
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	<b>P 1 2 5 5 5 5 5 5 5 5 5 5</b>	<u> </u>		
	Other salaries and wages	7,196,681.	6,477,322.	719,359.	
	Pension plan accruals and contributions (include			<b>FF</b> / 6 /	
	section 401(k) and 403(b) employer contributions)	624,088.	548,662.	75,426.	
	Other employee benefits	840,520.	738,937.	101,583.	
	Payroll taxes	545,583.	479,645.	65,938.	
	Fees for services (nonemployees):				
а	Management				
b	Legal	7,105.	6,729.	376.	
С	Accounting	40,550.	38,403.	2,147.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	98,825.	93,594.	5,231.	
	Advertising and promotion	49,939.	43,117.	6,822.	
	Office expenses	256,185.	221,189.	34,996.	
	Information technology	43,551.	37,602.	5,949.	
	Royalties				
	Occupancy	423,842.	341,261.	82,581.	
	Travel	99,496.	83,050.	16,446.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 000	16.045	0.001	
	Conferences, conventions, and meetings	19,628.	16,947.	2,681.	
	Interest				
	Payments to affiliates		<u> </u>	1 C 1	
	Depreciation, depletion, and amortization	69,467.	69,306.	161.	
	Insurance	156,844.	156,844.		
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Food Costs	155,442.	155,442.		
	Operating Supplies	96,554.	87,790.	8,764.	
c	Medical & Pharmacy Cost	36,001.	36,001.		
d		,			
	All other expenses				
C	Total functional expenses. Add lines 1 through 24e	11,079,514.	9,917,872.	1,161,642.	
	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 following SOP 98-2 (ASC 958-720)				

11

2023.05060 DRUG ABUSE TREATMENT ASSO 02236001

16530301 784176 0223600

1,373,641. 1,278,878. Pledges and grants receivable, net 3 3 21,077. 10,668. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 Assets Liabilities Net Assets or Fund Balances

Drug Abuse Treatment Association, Inc. Part X | Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments

59-1363887 Page **11** 

**(B)** End of year

1,398.

4,007,875.

**(A)** Beginning of year

3,776,533.

2,550.

1

2

	under section 4958(f)(1)), and persons described	d in sectio	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7			
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			230,494.	9	230,611.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	2,003,802.			
b	Less: accumulated depreciation	10b	1,326,328.	400,086.	10c	677,474.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line	11			12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11	367,076.	15	404,541.		
16	Total assets. Add lines 1 through 15 (must equ	al line 33)		6,171,457.		6,611,445.
17	Accounts payable and accrued expenses			1,235,527.	17	1,360,080.
18	Grants payable				18	
19	Deferred revenue			195,305.	19	0.
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
22	Loans and other payables to any current or form	ner officer	, director,			
	trustee, key employee, creator or founder, subs	tantial co	ntributor, or 35%			
	controlled entity or family member of any of the	se person	s		22	
23	Secured mortgages and notes payable to unrela	ated third	parties		23	
24	Unsecured notes and loans payable to unrelate	d third pa	rties	315,965.	24	357,496.
25	Other liabilities (including federal income tax, pa	yables to	related third			
	parties, and other liabilities not included on lines	s 17-24). (	Complete Part X			
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			1,746,797.	26	1,717,576.
	Organizations that follow FASB ASC 958, che	ck here	X			
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			4,231,460.	27	4,690,869.
28	Net assets with donor restrictions			193,200.	28	203,000.
	Organizations that do not follow FASB ASC 9	58, chec	k here			
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or ed	quipment	fund		30	
31	Retained earnings, endowment, accumulated in				31	
32	Total net assets or fund balances			4,424,660.		4,893,869.
33	Total liabilities and net assets/fund balances .			6,171,457.	33	6,611,445.
						Form <b>990</b> (2023)

Form 990 (2023)

1

2

Form	Drug Abuse Treatment Association, Inc.	59-136	53887	Pag	<sub>ge</sub> 12
Pa	rt 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)		11,54		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,07		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,42		
5	Net unrealized gains (losses) on investments	5		2	27.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,89	3,8	<u>69.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. <b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		<b>2</b> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. <b>3</b> a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. <b>3</b> b	Х	

Form **990** (2023)

SCH	HED	ULE A		Dublic Che	rity Status as					OMB No. 1545-0047
(Fori	m 99	0)			rity Status an nization is a section 501					2023
				• •	47(a)(1) nonexempt cha					2023
		the Treasury ue Service			ttach to Form 990 or Fo					Open to Public Inspection
		he organizatio		Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf	ormation.	Employer	identification number
Name	5011	ne organizatio								
Par	tl	Reason			(All organizations must c					9-1363887
		zation is not a								
1			•		on of churches described		,	)(A)(i).		
2					Attach Schedule E (Forn			· · · · · · · ·		
3					anization described in se		)(b)(1)(A)(ii	i).		
4 [		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state	e:							
5 [		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	d in
_		section 170	<b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6 [		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 [	Х	-		-	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in
		-		omplete Part II.)						
8 [		-			(1)(A)(vi). (Complete Par					
9 [		-	-		in section 170(b)(1)(A)(		-		-	-
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
10 [		university:	an that narma		than 33 1/3% of its supp	art from a	ontribution	o momborob	in face and	l areas ressints from
		0			tt to certain exceptions; a			-	•	•
					(less section 511 tax) fro					-
				mplete Part III.)			ses acqui		Janization a	
<b>11</b> [					ively to test for public sa	fetv. See	section 50	)9(a)(4).		
12		-	-	-	ively for the benefit of, to	•			rrv out the	ourposes of one or
		-	-	-	ed in section 509(a)(1) c	-			•	-
				-	f supporting organizatior					
а		] Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	pically by	giving
		the support	ed organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	pporting
		organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b		] <b>Type II.</b> A s	upporting org	anization supervised	l or controlled in connect	tion with it	s supporte	d organizatio	n(s), by hav	ing
		control or n	nanagement o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	orted
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
с		J Type III fun	ctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
			•	.,.	). You must complete I					
d				• •	porting organization oper				U	
				с С	zation generally must sat	•		•	an attentiv	eness
_		- ·			nplete Part IV, Sections					
е			0		written determination fro			туре і, туре	п, туре п	
f	Ente	r the number of	•	vagnizationa	nally integrated supporti	0 0	ation.			
				about the supporte	ed organization(s).					
		) Name of suppo	0	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount or	fmonetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
				1		1	1			

Total

Schedule A	A (Form 990) 2023	Drug	Abuse	Treatment	Association,	Inc.	59-1363887	Page 2
Part II	Support Schedule f	or Orga	nizations	Described in Se	ections 170(b)(1)(A)(	(iv) and 1	70(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.)

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	6880959.	7116039.	8568731.	10325387.	<u>11188979.</u>	44080095.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	6880959.	7116039.	8568731.	10325387.	11188979.	44080095.			
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)									
6	Public support. Subtract line 5 from line 4.						44080095.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
7	Amounts from line 4	6880959.	7116039.	8568731.	10325387.	11188979.	44080095.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	33,999.	3,419.	2,057.	90,079.	134,845.	264,399.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						44344494.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	808,881.			
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3)				
	organization, check this box and stop									
Sec	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.40 %			
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	<u>99.57</u> %			
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo				
	$\ensuremath{ \text{stop} here.}$ The organization qualifies									
b	33 1/3% support test - 2022. If the o									
	and stop here. The organization qual	ifies as a publicly s	supported organization	ition						
17a	7a 10% -facts-and-circumstances test - 2023. 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	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or			
	more, and if the organization meets the									
	organization meets the facts-and-circu									
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s			
						Schedule A	(Form 990) 2023			

332022 12-21-23

Schedule A (Form 990) 2023	Drug	Abuse	Treatment	Association,	Inc.	59-1363887	Page 3
Part III Support Schedule for	or Organ	izations I	Described in Se	ction 509(a)(2)			

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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 per- formed, 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 bus-						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
5	or expended on its behalf The value of services or facilities furnished by a governmental unit to						
-	the organization without charge						
	Total. Add lines 1 through 5Amounts included on lines 1, 2, and3 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.)						
Sec	ction B. Total Support		-	-	-		
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 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						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	0		-			·
604	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2023 (li					15	%
-	Public support percentage from 2022 ction D. Computation of Inves					16	%
	Investment income percentage for 20			no 13 column (f))		17	%
	Investment income percentage from 2		<b>_ _</b>			18	%
	1 33 1/3% support tests - 2023. If the				e 15 is more than 3	·	
.54	more than 33 1/3%, check this box ar						
b	<b>33 1/3% support tests - 2022.</b> If the						
	line 18 is not more than 33 1/3%, che						
<u>20</u>	Private foundation. If the organizatio						
	23 12-21-23		<b>·</b> ·				ule A (Form 990) 2023

16

16530301 784176 0223600

<sup>2023.05060</sup> DRUG ABUSE TREATMENT ASSO 02236001

#### Drug Abuse Treatment Association, Inc. 59-1363887 Page 4

#### Part IV Supporting Organizations

Schedule A (Form 990) 2023

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.*
- **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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) 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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **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.)

17

Schedule A (Form 990) 2023

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

#### 59-1363887 Page 5 Drug Abuse Treatment Association, Inc. Schedule A (Form 990) 2023 Part IV | Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sor	stion B. Type I Supporting Organizations			

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>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 officers, directors, or trustees were allocated among the</i>			
	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		

#### supervised, or controlled the supporting organization. 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 on line 2, above, 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 a	organization used to satisfy the Integral Part Test	during the year (see instructions).
---	---	-------------------------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

С		The organization supporte	d a governmental entity	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---------------------------	-------------------------	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.

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. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

Yes No

16530301 784176 0223600

2023.05060 DRUG ABUSE TREATMENT ASSO 02236001

18

_	dule A (Form 990) 2023 Drug Abuse Treatment A			59-1363887 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	(-) -
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrated	d Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

	Drug Abuse	Treatment	Association,	Inc.	59-1363887	Page
--	------------	-----------	--------------	------	------------	------

Sche Pai		eatment Associ a)(3) Supporting Orga	ation, Inc. anizations <sub>(continu</sub>		9-1363887 Page 7
	on D - Distributions			ueu)	Current Year
<u>3ecu</u> 1	Amounts paid to supported organizations to accomplish exer	mot purposes		1	Guirent real
2	Amounts paid to supported organizations to accompliant exerp			<u>'</u>	
2	organizations, in excess of income from activity	c purposes of supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	19	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	wide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive	<u>ə</u>		
•	(provide details in <b>Part VI</b> ). See instructions.	le organization le responent	-	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	Drug Al	ouse Tr	reatment	. Assoc	iation,	Inc.	59-13638	87 Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section Section D, lines 5, 6, au (See instructions.)	ormation. Pro s 1, 2, 3b, 3c, 4b, D, lines 2 and 3; I	vide the expl 4c, 5a, 6, 9a Part IV, Secti	anations requ , 9b, 9c, 11a, on E, lines 1c	iired by Part I 11b, and 11c , 2a, 2b, 3a, a	l, line 10; Part ; Part IV, Sec ind 3b; Part V	: II, line 17a or tion B, lines 1 ′, line 1; Part V	17b; Part III, line 1 and 2; Part IV, Sec , Section B, line 1e	2; ction C,
332028 12-21-2	23			21				Schedule A (Fo	rm 990) 2023

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2023

Name of the organizat	ion	Employer identification number
	Drug Abuse Treatment Association, Inc.	59-1363887
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	tion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> i01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	I Rule. See instructions.
General Rule		

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

(a)	(u)	(0)	(u)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contributic

23

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Drug Abuse Treatment Association, Inc.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Name of organization

Part I

59-1363887

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1  (a) No.	US Department of Health and Human Services 200 Independence Ave. SW Washington, DC 20201 (b) Name, address, and ZIP + 4	\$ 9,560,895. (c)	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
2	Palm Beach County Department of Commissioners 810 Datura Street West Palm Beach, FL 33401	\$ <u>247,755.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	School District of Palm Beach County 3300 Forest Hill Blvd. Ste. A-323 West Palm Beach, FL 33406	\$ <u>939,107.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions     \$	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name address and ZIR + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash

16530301 784176 0223600

Drug A	Abuse Treatment Association, Inc.		59-1363887
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - _ \$	

24

323453 12-26-23

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Name of organization

2023.05060 DRUG ABUSE TREATMENT ASSO 02236001

Employer identification number

	B (Form 990) (2023)			Page
Name of c	organization			Employer identification number
	Abuse Treatment Associa			59-1363887
Part III	from any one contributor. Complete columns (a)	) through (e) and the following lin charitable, etc., contributions of <b>\$1,00</b>	entry. For organiza	(8), or (10) that total more than \$1,000 for the year tions Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	 f gift	
	Transferee's name, address, a			nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
323454 12-20	6-23	I		Schedule B (Form 990) (2023

SCHEDULE D	Supplei
(Form 990)	Complete if

**-** 1

### mental Financial Statements

f the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047	
0000	
2023	
Open to Public	
Inspection	

Name of the organization

Department of the Treasury Internal Revenue Service

> -----. ~

Employer identification number FΟ 1262007

Pa		d Funds or Other Similar Funds of	pr Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(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 v	I writing that the assets held in donor advised	d funds
U	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad		
Ŭ	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		°
Pa	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990 P	art IV line 7
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreat		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of	f a conservation easement on the last
2	day of the tax year.		Held at the End of the Tax Year
а			
b	Number of conservation easements on a certified historic stru	ucture included on line 2a	
с с	Number of conservation easements included on line 2c acqui		
u	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
5	year	eased, extinguished, or terminated by the c	Signification during the tax
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
		5	5
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemer	nts that describes the
	organization's accounting for conservation easements.	-	
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			•
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2023

332051 09-28-23

2	6				
-			-	-	

Sche	dule D (Form 990) 2023 Drug Ab	use Treatm	ent 1	Associ	<u>ation,</u>	Inc.		<u>59-13</u>			<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Othe	r Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checł	k any of the	following that	t make s	ignificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	1 L	Loan or exc	change progra	am					
b	Scholarly research	e									
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	nev further th	he organizatio	on's exer	not ouroc	se in Part	XIII		
5	During the year, did the organization solicit o	-		-	-						
•	to be sold to raise funds rather than to be ma				•				Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Par	•		organization	in anowered	100 011	1 0111 000	, r arciv, n	100,01		
12	Is the organization an agent, trustee, custodi		diary for	contribution	ns or other as	sets not	included				
Ia									Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							L			
D		and complete the lo	nowing	lable.				1	Amoun	•	
	De sinsis a la dese								Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance								7.4		<b>.</b>
	Did the organization include an amount on Fo						ity?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	<b>t V Endowment Funds</b> Complete if		1					veere beel	(2) [ 2010		haali
		(a) Current year	(d)	Prior year	(c) Two yea	IS DACK	( <b>a</b> ) mee	years back	(e) Four	years	DACK
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	nd administer	red for th	ne				
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	), Part IV	V, line 11a. S	See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or c	other	(b) Cos	t or other	(c) A	ccumulat	ed	(d) Boo	k valu	e
		basis (investr			(other)		preciation		,, 200		
12	Land		,		. ,		-				
	Buildings			92	26,239.		702,2	94.	2.2	3,9	45.
	Leasehold improvements										
	Equipment			1 07	7,563.		624,0	34	15	3 5	29.
	Other		N II			•		1		5, <u>5</u> 7,4	
iota	. Add lines 1a through 1e. (Column (d) must e	qual ⊦orm 990, Part	<u>X, line 1</u>	UC, column	<u>н (В))</u>				07	/ <b>,</b> 4	/ 4 •

Schedule D (Form 990) 2023

Part V Investments - Other Securities Complete if the organization answerd "Ves" on Form 900, Part IX, line 11b. See Form 900, Part X, line 12. (d) Description of southy of catagory increases are excessed. (b) Book value (c) Method of valuation: Cost or end of year market value (i) Financial deviatives (c) Method of valuation: Cost or end of year market value (c	Schedule D			Treatment Ass	ociation,	Inc.	59-1363887	Page <b>3</b>
(a) Bosciption of startify or category investes exactly       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1) Financial derivatives       (c) Cost y hold explify interests       (c) Cost y hold explify interests       (c) Cost y hold explify interests         (3) Other       (c) Cost y hold explify interests       (c) Cost y hold explify interests       (c) Cost y hold explify interests         (3) Other       (c) Cost y hold explify interests       (c) Cost y hold explify interests       (c) Cost y hold explify interests         (6) Cost y hold explify interests       (c) Cost y hold explify interests       (c) Cost y hold explify interests         (6) Cost y hold explify interests       (c) Cost y hold explify interests       (c) Cost y hold explify interests         (a) Cost y hold explify interests       (c) Mathod of valuation: Cost or end-of-year market value       (c) Mathod of valuation: Cost or end-of-year market value         (1) Cost y hold explify interests       (c) Mathod of valuation: Cost or end-of-year market value       (c) Mathod of valuation: Cost or end-of-year market value         (1) Other Assets       (c) Mathod of valuation: Cost or end-of-year market value       (c) Mathod of valuation: Cost or end-of-year market value         (1) Misc Cost or end-of-year market value       (b) Book value       (c) Mathod of valuation: Cost or end-of-year market value         (1) Misc Cost or end-of-year market value       (c) Misc Cost or end-of-year market valu		Investments - Othe						
(1) Financial opinication answereds       (2) Closely held equity interests       (2) Closely held equity interests         (2) Other       (2) Closely held equity interests       (2) Closely held equity interests         (3) Other       (3) Closely held equity interests       (3) Closely held equity interests         (4) Closely held equity interests       (4) Closely held equity interests       (5) Closely held equity interests         (6) Closely held equity interests       (6) Closely held equity interests       (6) Closely held equity interests         (7) Closely held equity interests       (6) Closely held equity interests       (6) Closely held equity interests         (9) Closely the organization answered "Yes" on Form 990, Part IV, line 11c. See form 900, Part X, line 13.       (6) Closely held equity interests         (9) Closely the organization answered "Yes" on Form 990, Part IV, line 11c. See form 900, Part X, line 13.       (6) Closely held equity interests         (7) Closely the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 900, Part X, line 15.       (6) Closely held equity interests         (1) Misc. Receivables & Other Assets       52, 417.         (2) Right - of - use assets       352, 124.         (3) Closely of the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 25.       (6) Book value         (6) Closely held Closely form 990, Part X, line 15, col. (8)       404, 541.         (7) Closely form 99		Complete if the organizat	tion answered "Yes"	on Form 990, Part IV, line	11b. See Form 990	0, Part X, line 12.		
(2) Closely held equity interests	(a) Descrip	tion of security or category (in	cluding name of security)	(b) Book value	(c) Method o	f valuation: Cost o	or end-of-year market v	value
(3) Other       (3) Other         (4)       (5)         (5)       (2)         (6)       (2)         (7)       (3)         (6)       (4)         (7)       (9) Description of investment         (9) Description of investment       (9) Description         (9)       (9) Description         (1)       (1) Federal income taxes         (1)       (2) Description of habil	(1) Financia	al derivatives						
(A)     (B)       (B)     (C)       (C)     (C)       (D)     (C)       (E)     (C)       (F)     (F)	(2) Closely	held equity interests						
B	(3) Other							
G         Image: Constraint of the second of the secon	(A)							
D       Image: Control of	(B)							
(E)       (A)         (F)       (A)         (B)       (A)         (B)       (B)         (C)       (B)         (B)       (B)         (B)       (B)         (B)       (B)         (C)       (B)         (C)       (B)         (C)       (C)         (D)       (D)         (D)       (	(C)							
(F)	(D)							
(G)	(E)							
(H)       Image: Construction of investments - Program Related.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.       (e) Method of valuation: Cost or end-of-year market value         (1)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (1)       (c)       (c) Method of valuation: Cost or end-of-year market value         (1)       (c) Method of valuation: Cost or end-of-year market value         (1)       (c) Method of valuation: Cost or end-of-year market value         (1)       (c) Method of valuation: Cost or end-of-year market value         (1)       (c) Method of valuation: Cost or end-of-year market value         (1)       (c) Method of valuation: Cost or end-of-year market value         (1)       (c) Method of valuation: Cost or end-of-year market value         (1)       (c) Method of valuation: Cost or end-of-year market value         (1)       (c) Method of valuation: Cost or end-of-year market value         (1)       Misc.       Receivables & Other Assets         (2)       (c) Method of valuation: Cost or end-of-year market value         (3)       (c) Misc.       (c) Misc.         (4)       (c) Misc.       (c) Misc.         (5) <td>(F)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(F)							
Total. (c) (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII  Investments - Program Related. Complete if the organization answered 'Yes' on 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 (c) (c) Method of valuation: Cost or end-of year market value (c) (c) Method of valuation: Cost or end-of year market value (c) (c) Method of valuation: Cost or end-of year market value (c) (c) Method of valuation: Cost or end-of year market value (c)	(G)							
Part VIII         Investments - Program Related.           Complete if the organization answered 'Yes' on 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)         Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 13.         (c) Method of valuation: Cost or end-of-year market value           (2)         Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 13.         (c) Method of valuation: Cost or end-of-year market value           (6)         Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 13.         (c) Method of valuation: Cost or end-of-year market value           (9)         Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (c) Book value           (1)         Misc . Receivables & Other Assets         52, 417 .           (a)         Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25.           (a)         Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           (a)         Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           (a)         Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	(H)							
(a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end of year market value           (1)         (a)         (b)         (c) Method of valuation: Cost or end of year market value           (1)         (a)         (c)         (c)         (c)         (c)           (3)         (c)	Total. (Col. ( Part VIII	Investments - Prog	ram Related.		11a Gao Farm 000			
(1)       Image: Constraint of the second seco								, alua
(2)       (3)       (4)         (3)       (4)       (5)         (4)       (5)       (7)         (6)       (7)       (7)         (8)       (7)       (7)         (9)       (7)       (7)         (9)       (7)       (8)         (9)       (9)       (9)         Fart IX       Other Assets       (9)         Complete if the organization answered 'Ves' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (9)         (1)       Misc. Receivables & Other Assets       52, 417.         (2)       Right-of-use assets       352, 124.         (3)       (9)       (9)         (6)       (9)       (9)         (7)       (9)       (9)         (6)       (9)       (4)         (7)       (9)       (4)         (8)       (9)       (4)         (9)       (9)       (4)         (1)       Federal income taxes       (9)         (1)       Federal income taxes       (9)         (1)       Federal income taxes       (9)         (2)       (9)       (9)         (1)       Federal income taxes       (9)		(a) Description of inves	uneni	(D) BOOK Value		i valuation. Cost C	n enu-or-year market v	aiue
(9)								
(4)       (5)         (5)       (6)         (6)       (7)         (8)       (9)         (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))       (9)         Part XX       Other Assets         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       Misc. Receivables & Other Assets       52, 417.         (2)       Right-of-use assets       352, 124.         (3)       (6)       (7)         (6)       (6)       (7)         (7)       (9)       (9)         Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))       404, 541.         Part X       Other Liabilities       (9)         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (9)         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (1)         (2)       (1)       (1) Federal income taxes       (1)         (2)       (1)       (1)       (1)         (3)       (1)       (2)       (1)         (4)       (2)       (								
(9)								
(6)       (7)       (8)         (7)       (9)       (9)         (9)       (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))         Part LX       Other Assets         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book value         (1)       Mis c.       Receivables & Other Assets       52, 417.         (2)       Right-of-use assets       352, 124.         (3)       (4)       (5)       (6)         (6)       (7)       (7)       (8)         (7)       (9)       (1)       A04, 541.         Part X       Other Liabilities         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         (a)       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (b)         (2)       (a)       (b)       (b)         (b)       (b)       (c)       (c)         (c)       (a)       (b)       (c)         (a)       (b)       (c)       (c)         (b)								
(7)       (8)         (8)       (9)         Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)       (a)         Part IX       Other Assets         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1)       Misc. Receivables & Other Assets       52,417.         (2)       Right-of-use assets       352,124.         (3)       (b)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Complete if the organization answered "Yes" on 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       (c)         (3)       (c)       (c)       (c) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
(9)       Image: Constraint of the intervent inte								
(9)       Image: standard standard statements that reports the         Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))       Image: standard standard statements that reports the         Part IX       Other Assets       (b) Book value         (a) Description       (b) Book value       (c) Book value         (a) Misc. Receivables & Other Assets       52,417.         (2) Right-of-use assets       352,124.         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)       (c)         Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)       404, 541.         Part X       Other Liabilities       (c)       (c)         (a) Description of liability       (b) Book value       (c)         (b) Book value       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)         (b)       (c)       (c)       (c)       (c)         (c)								
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))       (b) Book value         (a) Description       (b) Book value         (1) Misc. Receivables & Other Assets       52, 417.         (2) Right-of-use assets       352, 124.         (3)       (a)         (b)       (b) Book value         (c)       (c)         (a) Description of liability       (b) Book value         (c)       (c)								
Other Assets         (a) Description       (b) Book value         (a) Description       (b) Book value         (1) Misc. Receivables & Other Assets       52,417.         (2) Right-of-use assets       352,124.         (3)       (4)         (4)       (5)         (6)       (7)         (7)       (8)         (9)       (9)         Other Liabilities       404,541.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (6)         (1) Federal income taxes       (9)         (2)       (3)       (b) Book value         (1) Federal income taxes       (c)       (c)         (2)       (3)       (b) Book value         (6)       (7)       (6)       (7)         (6)       (6)       (7)       (6)         (7)       (9)       (9)       (9)         (2)       (3)       (1)       (2)         (3)       (1)       (2)       (2)         (3)       (2)       (3)       (4)         (6)       (7)       (6)       (7)         (7)       (7)       (7)       (7)								
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.       (b) Book value         (1) Misc. Receivables & Other Assets       52,417.         (2) Right-of-use assets       352,124.         (3)       (4)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))       404,541.         Part X       Other Liabilities         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1) Federal income taxes       (c)         (2)       (a)       (b) Book value         (b)       (c)       (c)         (c)       (c)       (c)         (c)       (c)       (c)         (c)       (c)       (c)         (c)       (c)       (c)         (d)       (c)       (c)         (e)       (c)       (c)         (f)       (c)       (c)         (g)       (c)       (c)         (g)       (c)       (c)         (h)       (c)       (c)         (g)       (c)       (c)         (g)       (c)       (c) </td <td></td> <td>b) must equal Form 990, Part</td> <td>X, line 13, col. (B))</td> <td></td> <td></td> <td></td> <td></td> <td></td>		b) must equal Form 990, Part	X, line 13, col. (B))					
(a) Description       (b) Book value         (1) Misc. Receivables & Other Assets       52,417.         (2) Right-of-use assets       352,124.         (3)       (4)         (4)       (5)         (6)       (7)         (7)       (6)         (9)       404,541.         Part X       Other Liabilities         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       404,541.         1       (a) Description of liability       (b) Book value         (1) Federal income taxes       (2)       (5)         (6)       (6)       (7)         (9)       (9)       (9)         (1) Federal income taxes       (9)       (9)         (2)       (9)       (9)         (3)       (6)       (6)         (7)       (6)       (7)         (8)       (9)       (9)         (9)       (10)       (2)         (9)       (2)       (3)         (4)       (2)       (3)         (6)       (7)       (9)         (9)       (2)       (3)         (9)       (2)       (3)         (9) <td></td> <td></td> <td>tion answord "Vos"</td> <td>on Form 000 Part IV line</td> <td>11d Soo Form 00(</td> <td>Dert Viline 15</td> <td></td> <td></td>			tion answord "Vos"	on Form 000 Part IV line	11d Soo Form 00(	Dert Viline 15		
(1) Misc. Receivables & Other Assets       52,417.         (2) Right-of-use assets       352,124.         (3)       352,124.         (4)       (6)         (5)       (7)         (8)       (7)         (9)       404,541.         Part X       Other Liabilities         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       404,541.         1       (a) Description of liability       (b) Book value         (1) Federal income taxes       (c)       (b) Book value         (2)       (3)       (4)       (5)         (6)       (7)       (6)       (7)         (8)       (9)       (9)       (9)         (7)       (8)       (9)       (9)         (6)       (7)       (6)       (7)         (8)       (9)       (1)       (1)         (6)       (2)       (3)       (3)       (4)         (7)       (8)       (7)       (7)       (8)         (9)       (2)       (3)       (3)       (4)         (7)       (7)       (7)       (7)       (7)         (8)       (2)       (2)       <						5, 1 art 7, inte 15.	(b) Book yr	مىياد
(2) Right-of-use assets       352,124.         (3)       (4)         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))       404, 541.         Part X       Other Liabilities         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1) Federal income taxes       (c)         (3)       (d)         (4)       (5)         (5)       (6)         (7)       (6)         (7)       (6)         (7)       (7)         (8)       (9)         (9)       (7)         (8)       (9)         (9)       (2)         (2)       (3)         (3)       (4)         (6)       (7)         (7)       (7)         (8)       (7)         (9)       (7)         (8)       (7)         (9)       (7)         (2)       (7)         (8)       (2)         (9)       (6)         (2)       (7)	(n Mi	sc Receivabl	. ,	•				
(3)       (4)         (5)       (6)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))       404, 541.         Part X       Other Liabilities         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1) Federal income taxes       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))       (B)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				ASSCES			352	<u>, 124</u>
(4)       (5)       (7)         (6)       (7)       (7)         (7)       (7)       (7)         (8)       (9)       404,541.         Part X       Other Liabilities       404,541.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       404,541.         1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (b) Book value         (2)       (3)       (4)         (5)       (6)       (7)         (6)       (7)       (9)         (7)       (9)       (9)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))       (b) Book value         (7)       (7)       (7)         (8)       (9)       (1)         (7)       (2)       (2)         (8)       (2)       (2)         (7)       (1)       (2)         (8)       (1)       (2)         (9)       (2)       (2)         (2)       (2)       (2)         (3)       (2)       (3)         (4)       (4)       (4)         (6)       (2)       (3)		giit or use us	5005				552	, 1270
(5)       (1)         (7)       (2)         (8)       (2)         (9)       404,541.         Part X         Other Liabilities         Complete if the organization answered "Yes" on 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)       (3)         (4)       (3)       (4)         (5)       (6)       (6)         (7)       (8)       (9)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))         2         Complete if the organization answered "Yes" on Form 990, Part X, line 25, col. (B)         (b) Book value								
(6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))       404, 541.         Part X       Other Liabilities         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1)       Federal income taxes       (b) Book value         (2)       (3)       (4)         (3)       (4)       (5)         (6)       (7)       (8)         (9)       (9)       (1)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))       (1)         2       (2)       (2)         (3)       (1)       (1)         (4)       (2)       (2)         (5)       (2)       (2)         (6)       (2)       (2)         (8)       (2)       (2)         (9)       (2)       (2)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))       (2)         2.       (2)       (2)         3       (2)       (3)         (4)       (4)       (4)         (7)       (2)       (3)         (8)       (2)       (3) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
(7)       (8)         (9)       404,541.         Part X       Other Liabilities         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       404,541.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (b)         (2)       (a)       (b)         (3)       (b)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))       (c)         2.       (c)       (c)         (a)       (c)       (c)         (b)       (c)       (c)         (c)       (c)       (c)         (b)       (c)       (c)         (c)       (c)       <	(0)							
(8)       404,541.         Yeart X       Other Liabilities         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       404,541.         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (b)         (2)       (3)       (1)         (3)       (2)       (2)         (4)       (2)       (2)         (5)       (2)       (2)         (6)       (2)       (2)         (7)       (2)       (3)         (8)       (2)       (3)         (9)       (2)       (2)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)       (B)         (9)       (2)       (2)         (1)       Fordal income taxes       (2)         (2)       (3)       (3)         (6)       (3)       (4)         (7)       (3)       (4)         (8)       (4)       (5)         (9)       (2)       (4)         (2)       (4)       (5)         (2)       (4)       (4)         (6)       (5)       (6) <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
(9)       404,541.         Part X       Other Liabilities         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         1.       (a) Description of liability       (b) Book value         (1)       Federal income taxes       (b)         (2)       (c)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))       (c)         2.       (c)       (c)         (a)       (c)       (c)         (b)       Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))       (c)         (b)       Itability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))       404, 541.         Part X       Other Liabilities         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       (b) Book value         (1) Federal income taxes       (b) Book value         (2)       (b)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
Part X       Other Liabilities         Complete if the organization answered "Yes" on 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       (b)         (2)       (c)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			Devet V Kines 15 and				101	5/1
Complete if the organization answered "Yes" on 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       (b)         (2)       (c)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (5)       (c)       (c)         (6)       (c)       (c)         (7)       (c)       (c)         (8)       (c)       (c)         (9)       (c)       (c)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))       (c)         2.       Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Part X	Other Liabilities	<i>90, Part X, line 15, cc</i>	и. (В))			] =0=,	, ] = 1 •
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (a)         (2)       (b)         (3)       (c)         (4)       (c)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))       (c)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			tion answered "Yes"	on Form 990 Part IV line	11e or 11f See Fo	rm 990 Part X lir	ue 25	
(1) Federal income taxes       (2)         (2)       (3)         (3)       (4)         (5)       (6)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))       (B)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	4					111 000, 1 ui t X, 11		alue
(2)       (3)         (3)       (4)         (5)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))       (B)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
(3)       (4)         (4)       (5)         (5)       (6)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))       (6)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		ierai income taxes						
(4)       (4)         (5)       (5)         (6)       (6)         (7)       (7)         (8)       (7)         (9)       (7)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))       (8)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
(5)       (6)         (7)       (7)         (8)       (8)         (9)       (7)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))       (8)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
(6)       (7)         (7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))       (B)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
(7)       (8)         (9)       (9)         Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))       (B)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
(8) (9) <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) <b>2.</b> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the								
(9) Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							<u> </u>	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							<u> </u>	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the							<u> </u>	
THE REPORT OF THE PROPERTY AND A DESCRIPTION OF THE PARTY OF THE PARTY OF THE TANDARD AND A DATE AN	-	-			-		-	T

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 Drug Abuse Treatment Assoc:				1363887 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	12,171,667.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	227.		
b	Donated services and use of facilities	2b	622,944.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	623,171.
3	Subtract line 2e from line 1			3	11,548,496.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,548,496.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	11,702,458.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	622,944.	-	
b	Prior year adjustments	2b		_	
с	Other losses	2c		_	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	622,944.
3	Subtract line 2e from line 1			3	11,079,514.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	11,079,514.
Pa	t XIII Supplemental Information				
Provi	de 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 addi	itional inform	nation.		

Part X, Line 2:
-----------------

Drug Abuse Treatment Association, In	c. (DATA) is a not-for-profit
organization, other than a private f	oundation, pursuant to Internal
Revenue Code section 501(c)(3) and,	as such, is not required to pay income
taxes on its exempt function income.	
On July 1, 2009, data adopted FASB A	SC 740-10, accounting for uncertainty
in income taxes. This pronouncement	seeks to reduce the diversity in
practice associated with certain asp	ects of measurement and recognition in
accounting for income taxes. It pre	scribes a recognition threshold and
measurement attribute for financial	statement recognition and measurement
of a tax position which an entity ta	kes or expects to take in a tax
332054 09-28-23	Schedule D (Form 990) 2023 2 9
16530301 784176 0223600 2	023.05060 DRUG ABUSE TREATMENT ASSO 02236001

Schedule D (Form 990) 2023         Drug Abuse Treatment Association, Inc.         59-1363887         Page 5           Part XIII         Supplemental Information (continued)         Continued         Continued
return. An entity may only recognize or continue to recognize tax
positions which meet a "more likely than not" threshold. DATA assesses
its income tax positions based on management's evaluation of the facts,
circumstances and information available at the reporting date. DATA uses
the prescribed "more likely than not" threshold when making its
assessment. At adoption, DATA did not record any cumulative effect
adjustment, and DATA did not accrue any interest expense or penalties
related to tax positions. There are currently no open federal or state
tax years under audit.
Schedule D (Form 990) 2023

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47	
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		·	0000			
•	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				2023		
Deres			Open to Public Inspection				
	Department of the Treasury         Attach to Form 990.           Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.						
Nam	e of the organizatio	Employer	identificatio	on nui	mber		
		Drug Abuse Treatment Association, Inc.	59-3	136388	7		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	harter travel Housing allowance or residence for perso	onal use				
	Travel for com	panions Payments for business use of personal re	esidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	es				
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
_							
3		ny, of the following the organization used to establish the compensation of the organization?					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to				
		ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
		compensation consultant					
	Form 990 of o	ther organizations X Approval by the board or compensation	committee				
4	During the year dia	any parage listed on Form 000. Best VII. Section A line 1a with respect to the filing					
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
•	organization or a re	-		10		X	
a h		e payment or change of control payment?				X	
b	•					X	
C	c Participate in or receive payment from an equity-based compensation arrangement?						
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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on				
-	contingent on the r						
а	-			5a		X	
		ation?				X	
		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on				
	contingent on the r	et earnings of:					
а	The organization?	-		6a		X	
		ation?				X	
		or 6b, describe in Part III.					
7	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	not described on lines 5 and 6? If "Yes," describe in Part III					X	
8	8 Were any amounts reported on 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					X	
9		id the organization also follow the rebuttable presumption procedure described in					
	Regulations section	1 53.4958-6(c)?		9			
For	Paperwork Reduct	ion Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n <b>990</b> )	) 2023	

LHA 332111 11-06-23

#### 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 on 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 aren't 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 and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) John Fowler	(i)	189,909.	57,520.	0.	51,434.	9,529.	308,392.	0.
President/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)				1			

Schedule J (Form 990) 2023

Part III Supplemental Information

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.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Name of the organization



Drug Abuse Treatment Association, Inc. | 59-Form 990, Part I, Line 1, Description of Organization Mission:

and their families experiencing behavioral health problems and/or

juvenile delinquency. We provide services in Palm Beach, Martin, St.

Lucie, Indian River and Okeechobee counties. We are committed to

providing programs that foster the skills necessary for individuals to

be responsible, productive members of their communities.

Form 990, Part III, Line 1, Description of Organization Mission:

committed to provide programs, which foster the skills necessary for

individuals to be responsible, productive members of their communities.

DATA provides a continuum of behavioral health services to children,

adolescents and their families experiencing problems with substance use

and/or juvenile delinquency. These services include prevention,

outreach, TASC case management, intervention, outpatient, Multisystemic

Therapy (MST) and residential programming. We are committed to

providing programs which foster the skills necessary for individuals to

be responsible, productive members of their community.

Form 990, Part III, Line 4a, Program Service Accomplishments: completion of the program is determined by achieving goals/objectives on their treatment plan, abstinence from substances, and achieving maximum benefit. DATA served 95 youth during the fiscal year.

Form 990, Part III, Line 4d, Other Program Services:

Outpatient - Outpatient services include screening, assessment,

 evidence-based individual, family, and group counseling sessions,

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

 LHA
 332211 11-14-23

16530301 784176 0223600

34

Schedule O (Form 990) 2023	Page <b>2</b>			
Name of the organization Drug Abuse Treatment Association, Inc.	Employer identification number 59-1363887			
treatment plan development and review, information and ref	erral, and			
urinalysis testing services. We provide these services at	our two			
outpatient clinics located in West Palm Beach and Fort Pie	erce as well			
as several satellite offices. Our outpatient centers are c	losely			
located to our residential centers and serve our residenti	al clients			
once they have completed the residential modality. This le	evel of care			
generally consists of three months of treatment which incl	udes weekly			
sessions supplemented by participation in self-help meetin	gs. During			
the fiscal year 565 clients were served with an average su	ccess rate of			
78%.				
Expenses \$ 756,312. including grants of \$ 0. Revenue \$	143,214.			
In-Home/Onsite & TASC - Therapeutic services and supports	are rendered			
in non-provider settings that include schools, detentions	centers and			
other community settings. Services provided by DATA in sch	ool settings			
remove transportation issues as an obstacle to receiving s	ervices.			
These evidence-based services include the identification o	of youth at			
risk through individualized biopsychosocial assessment, sh	ort-term			
individual, family and group counseling, and linkage to ap	propriate			
services for individuals that need more intensive services	. It also may			
include evidence-based anger management and substance use education as				
forms of intervention. During the fiscal year 1,765 clients were served				
in our school-based and community intervention programs. 83% of clients				
successfully completed the program.				
Expenses \$ 1,499,138. including grants of \$ 0. Revenue \$ 0.				

Multisystemic Therapy (MST) DATA was funded to implement MST in

Martin, St. Lucie, Indian River and Okeechobee counties during this 332212 11-14-23 Schedule O (Form 990) 2023 35 2023.05060 DRUG ABUSE TREATMENT ASSO 02236001

Schedule O (Form 990) 2023	Page <b>2</b>			
Name of the organization Drug Abuse Treatment Association, Inc.	Employer identification number 59-1363887			
Didy Abuse Heatment Association, inc.	55 1505007			
fiscal year. MST is an evidence-based and intensive family	and			
community based treatment that addresses the multiple caus	es of serious			
antisocial behavior and delinquency. The program has succe	ssfully			
served youth from 12 to 17 years old, as a clinical and co	st-effective			
alternative to out-of-home placements (e.g. incarceration,	residential			
placement, and psychiatric hospitalization) for youths pre	senting			
serious clinical problems. The program seeks to improve the real-world				
functioning of youth by changing their natural environment	s (e.g. home,			
school, and neighborhood) in ways that promote prosocial b	ehavior while			
decreasing antisocial behavior. The extent of treatment va	ries by			
family according to clinical need and addressing deep issu	es, however			
most youth and families are in the program for 4 to 6 mont	hs			
Expenses \$ 517,987. including grants of \$ 0. Revenue \$	0.			

TASC case management and other program services. Expenses \$ 1,179,503. including grants of \$ 0. Revenue \$ 0.

Form 990, Part VI, Section B, line 11b:

Form 990 is made available to governing body prior to filing. The Form 990 is presented by the independent CPA firm to the board along with the audited financial statements for approval.

Form 990, Part VI, Section B, Line 12c:

The Organization's corporate compliance programs function is accomplished

primarily through the following mechanisms: compliance policies; standard

operating procedures; compliance action plans; compliance processes and

training. Our Human Resources Director is the corporate compliance officer.

The Organization reviews its corporate compliance policies annually. The 332212 11-14-23 Schedule O (Form 990) 2023 36

16530301 784176 0223600

Schedule O (Form 990) 2023	Page <b>2</b>				
Name of the organization Drug Abuse Treatment Association, Inc.	Employer identification number 59-1363887				
board and employee manuals describe ethics codes as do the organization's					
program manuals. Employees are trained upon hire and subse	quently				
thereafter on the importance of adherence to the corporate	compliance				
policy and are instructed to promptly report known violati	ons without fear				
of reprisal to the Chief Executive Officer, Chief Financia	l Officer, Senior				
Management, Supervisors, etc. Failure to adhere to the pol	icy will result				
in discipline up to and including termination. We have an	open door policy				
and locked complaint suggestion boxes so individuals can m	and locked complaint suggestion boxes so individuals can make their				
concerns known. Background screenings are conducted on new	hires and every				
five years on the anniversary of employment. It is the corporate compliance					
officer's duty to report within 24 hours to the CEO and CFO any					
complaint/allegation. Quality Assurance Director conducts regular					
monitoring of the Organization's programs including conflict of interest					
which is communicated to the executive in a written report and to the board					
of directors.					

Form 990, Part VI, Section B, Line 15:

A written evaluation is given to the CEO by the board of directors. The CEO is also given a self-evaluation to prepare. Compensation is determined by previous work experience, qualifications and local like-kind Organization's salary structure.

Form 990, Part VI, Section C, Line 18: The Organization makes its form 990 available for public inspection upon request.

Form 990, Part VI, Section C, Line 19:

The Organization is subject to the Sunshine Laws and makes our documents 332212 11-14-23 Schedule O (Form 990) 2023 37 2023.05060 DRUG ABUSE TREATMENT ASSO 02236001

16530301 784176 0223600

Schedule O (Form 990) 2023	Page 2
Name of the organization Drug Abuse Treatment Association, Inc.	Employer identification number 59-1363887
available upon request.	
Part XII Line 2C	
The audit report is reviewed annually at the annual audit	report review
meeting as presented by the independent auditor. The proc	ess has not
changed from the prior year.	
332212 11-14-23 <b>38</b>	Schedule O (Form 990) 2023

(Rev. January 2024)

### Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.					
	lentification			1				
Type or	Name of exempt organization, employer, or other file	Taxpayer identification number (TIN)						
Print								
File by the	Drug Abuse Treatment Associ		59-1363887					
due date for	ngyour 1016 Clemons Street 300							
filing your return. See								
instructions.	City, town or post office, state, and ZIP code. For a fe	oreign addı	ress, see instructions.					
	Jupiter, FL 33477							
Enter the	Return Code for the return that this application is for (fil	e a separat	e application for each return)					
Applicati	on Is For	Return	Application Is For			Return		
		Code				Code		
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09		
Form 472	0 (individual)	03	Form 5227			10		
Form 990	ŀPF	04	Form 6069			11		
Form 990	P-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12		
	P-T (trust other than above)	06	Form 5330 (individual)			13		
	P-T (corporation)	07	Form 5330 (other than individual)			14		
Form 104		08						
After vo	ou enter your Return Code, complete either Part II or Par	t III. Part II	I. including signature, is applicable of	only for an	extension of			
	e Form 5330.		, 5,5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
• If this a	pplication is for an extension of time to file Form 5330, y	/ou must e	nter the following information.					
	n Name		C C					
	n Number							
	n Year Ending (MM/DD/YYYY)							
	utomatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)					
	poks are in the care of Scott Sherman, Cl		<i>i</i>					
			uite 300 - Jupiter	C, FL	33477			
Teleph	none No. (561) 743–1034	•	Fax No.					
•	organization does not have an office or place of business	s in the Uni						
	is for a Group Return, enter the organization's four-digit							
box	If it is for part of the group, check this box							
	quest an automatic 6-month extension of time until M				npt organizatio			
	organization named above. The extension is for the org							
	calendar year 20 or							
X	tax year beginning JUL 1	20	2.3 and ending	JUN 3	0	, 20 <b>24</b>		
		,	, and ending		- •	,		
2 lfth	ne tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	n			
	Change in accounting period	neon rease		i indi rotai				
3a lfth	his application is for Forms 990-PF, 990-T, 4720, or 6069	) enter the	tentative tax less					
	nonrefundable credits. See instructions.	, ontor the		3a	\$	0.		
	his application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and		Ψ			
	imated tax payments made. Include any prior year overp			3b	\$	0.		
	ance due. Subtract line 3b from line 3a. Include your part				Ψ			
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.		
usii	ig Ei it o (Electronic i ederal Tax Fayment Oystem). Set	ว กาอน นบนไป	no.	00	Ψ	<b>J</b> •		