

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **JUN 1, 2019** and ending **MAY 31, 2020**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DRUG POLICY ALLIANCE</b>		<b>D</b> Employer identification number <b>52-1516692</b>
	Doing business as		<b>E</b> Telephone number <b>(212) 613-8040</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>15,627,305.</b>
	<b>131 W. 33RD STREET, 15TH FLOOR</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10001</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>KASSANDRA FREDERIQUE</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.DRUGPOLICY.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1995</b>	<b>M</b> State of legal domicile: <b>DC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE DRUG POLICY ALLIANCE WORKED TO END THE WAR ON DRUGS AND BUILD IN ITS PLACE AN ALTERNATIVE</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) <b>5</b> <b>83</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>14</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39 <b>7b</b> <b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>13,058,914.</b> <b>15,157,738.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>214,495.</b> <b>378,467.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>19,884.</b> <b>13,786.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12,614,170.</b> <b>43,148.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>25,907,463.</b> <b>15,593,139.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>1,099,450.</b> <b>1,258,735.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>7,684,878.</b> <b>6,411,395.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>221,499.</b> <b>200,445.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>1,792,685.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>5,391,713.</b> <b>5,142,810.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>14,397,540.</b> <b>13,013,385.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>11,509,923.</b> <b>2,579,754.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>9,271,066.</b> <b>13,012,787.</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>2,978,719.</b> <b>4,141,127.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>6,292,347.</b> <b>8,871,660.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>KASSANDRA FREDERIQUE, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARRETT M. HIGGINS</b>	Preparer's signature <b>GARRETT M. HIGGINS</b>	Date <b>04/15/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00543209</b>
	Firm's name <b>PKF O'CONNOR DAVIES, LLP</b>	Firm's EIN <b>27-1728945</b>			
	Firm's address <b>500 MAMARONECK AVENUE HARRISON, NY 10528-1633</b>		Phone no. <b>914-381-8900</b>		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,865,330. including grants of \$ 265,735. ) (Revenue \$ 198,463. )

REFORMING PUBLIC POLICY

DPA ADVANCES CUTTING-EDGE DRUG POLICY REFORMS IN THE JURISDICTIONS THAT PRESENT THE GREATEST OPPORTUNITIES FOR VICTORY AND IMPACT, AND INCREASINGLY, IN LOCAL JURISDICTIONS AND CONSERVATIVE STATES WHERE REFORM MOVES MORE SLOWLY. WE CRAFT POLICY PROPOSALS, EDUCATE POLICYMAKERS, MOBILIZE OUR MEMBERSHIP AND NETWORKS, BUILD AND LEVERAGE COALITIONS, GENERATE MEDIA COVERAGE, LITIGATE WHEN NECESSARY, AND SUPPORT IMPLEMENTATION. [SEE CONTINUATION ON SCHEDULE O]

4b (Code: ) (Expenses \$ 1,549,573. including grants of \$ 993,000. ) (Revenue \$ )

BUILDING GRASSROOTS POWER AND THE REFORM MOVEMENT

DPA FUNDS AND PARTNERS WITH STATE-BASED, CONSTITUENCY-BASED, SINGLE-ISSUE, AND SMALLER NATIONAL ORGANIZATIONS. WE DISBURSE ROUGHLY \$1 MILLION TO 40+ ORGANIZATIONS ANNUALLY THROUGH OUR GRANTS PROGRAM AND PROVIDE TECHNICAL ASSISTANCE TO OUR NETWORK OF FUNDED PARTNERS. WE ALSO FORM ALLIANCES WITH NON-DRUG POLICY GROUPS ON SPECIFIC SHARED PRIORITIES, FACILITATE REGIONAL CONNECTIONS AMONG ALLIES, ENGAGE PROMINENT ORGANIZATIONS ACROSS THE POLITICAL SPECTRUM, AND CULTIVATE TARGETED CONSTITUENCIES. EVERY OTHER YEAR WE HOST THE INTERNATIONAL DRUG POLICY REFORM CONFERENCE, THE PREMIER GATHERING OF THE REFORM MOVEMENT. [SEE CONTINUATION ON SCHEDULE O]

4c (Code: ) (Expenses \$ 963,169. including grants of \$ ) (Revenue \$ 7,658. )

SHIFTING THE NARRATIVE AND EDUCATING THE PUBLIC

DPA SHIFTS THE NARRATIVE ON DRUGS AND PROHIBITION AND USES COMMUNICATIONS TOOLS TO ADVANCE OUR CAMPAIGNS AND THOSE OF OUR ALLIES. WE DISSEMINATE FACTS AND TELL THE STORIES OF PEOPLE MOST AFFECTED. WE GENERATE EARNED MEDIA AND ENGAGE MILLIONS OF PEOPLE DIRECTLY WITH ORIGINAL CONTENT THROUGH OUR SOCIAL MEDIA PROPERTIES. WE ALSO PRODUCE ORIGINAL REPORTS ON SPECIFIC ISSUES AND PARTNER WITH SCHOLARS TO PROMOTE EVIDENCE-BASED PRACTICES, WHICH IS EVER MORE IMPORTANT IN THIS ANTI-SCIENCE POLITICAL MOMENT. [SEE CONTINUATION ON SCHEDULE O]

4d Other program services (Describe on Schedule O.)

(Expenses \$ 2,165,257. including grants of \$ ) (Revenue \$ 172,346.)

4e Total program service expenses 8,543,329.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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 "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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 "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b> X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b> X	
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 94	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included on line 1a, above, who are independent (13); 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? (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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 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) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records KIMBERLY THOMAS, COO - (212) 613-8040 131 W. 33RD STREET, 15TH FLOOR, NEW YORK, NY 10001

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIA MCFARLAND, EXECUTIVE DIRECTOR UNTIL MARCH 2020	40.00 8.00			X				259,540.	0.	53,039.
(2) RYAN CHAVEZ, MANAGING DIR. FINANCE & ADMIN UNTIL OCT 2019	40.00			X				164,456.	0.	24,351.
(3) ALICE BROWN, MANAGING DIRECTOR, POLICY UNTIL AUG 2019	40.00					X		161,640.	0.	22,899.
(4) ROSEANNE SCOTTI STATE DIRECTOR - NJ UNTIL MAY 2019	40.00					X		155,563.	0.	13,285.
(5) ELLEN FLENNIKEN MANAGING DIRECTOR, DEVELOPMENT	40.00					X		142,554.	0.	45,526.
(6) THESHIA NAIDOO LEGAL DIRECTOR, CRIMINAL JUSTICE	40.00					X		142,583.	0.	26,205.
(7) JULIE NETHERLAND, MANAGING DIR. RESEARCH & ACADEMIC ENGAGEMENT	40.00					X		138,673.	0.	22,026.
(8) DEREK (OSCAR) HODEL PRESIDENT	2.00 2.00	X		X				6,000.	0.	0.
(9) RICHARD BURNS, INTERIM EXECUTIVE DIRECTOR AS OF MARCH 2020	40.00 8.00			X				0.	0.	0.
(10) CHRISTINE DOWNTON TREASURER	2.00 2.00	X		X				0.	0.	0.
(11) REV. EDWIN SANDERS SECRETARY	2.00	X		X				0.	0.	0.
(12) JAMES E. FERGUSON, II DIRECTOR	1.00	X						0.	0.	0.
(13) JOY FISHMAN DIRECTOR	1.00	X						0.	0.	0.
(14) JASON FLOM DIRECTOR	1.00	X						0.	0.	0.
(15) IRA GLASSER, PRESIDENT UNTIL OCT 2019/DIRECTOR UNTIL APRIL 2020	2.00 2.00	X		X				0.	0.	0.
(16) SUSAN KANE DIRECTOR UNTIL MAY 2020	1.00 1.00	X						0.	0.	0.
(17) DAVID C. LEWIS, MD DIRECTOR	1.00 1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAMELA LICHTY DIRECTOR	1.00	X					0.	0.	0.	
(19) ALEJANDRO MADRAZO DIRECTOR	1.00	X					0.	0.	0.	
(20) ANGELA PACHECO DIRECTOR	1.00	X					0.	0.	0.	
(21) JOSIAH RICH, MD DIRECTOR	1.00	X					0.	0.	0.	
(22) GEORGE SOROS DIRECTOR	1.00	X					0.	0.	0.	
(23) ILONA SZABO DE CAVALHO DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Subtotal</b> .....							1,171,009.	0.	207,331.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							1,171,009.	0.	207,331.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
FAIRCOM NEW YORK, 12 WEST 27TH STREET 13TH FLOOR, NEW YORK, NY 10001	FUNDRAISING	201,934.
WINNING MARK LLC, 1220 SW MORRISON ST, STE 910, PORTLAND, OR 97205	MEDIA AND MARKETING	162,881.
KIVVIT 200 VARICK ST, #201, NEW YORK, NY 10014	MARIJUANA CAMPAIGN DIGITAL ADVERTING	160,875.
UNIVERSAL MAILING SERVICE, INC., 10 NEW ENGLAND AVENUE, PISCATAWAY, NJ 08854-5975	MULTI CHANNELING MARKETING	129,085.
GLENN BACKES 2916 FRANKLIN BLVD, SACRAMENTO, CA 95818	PUBLIC POLICY CONSULTING	107,310.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	557,344.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	10,454,562.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	4,145,832.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 20,937.				
	<b>h Total.</b> Add lines 1a-1f .....			15,157,738.			
<b>Program Service Revenue</b>	<b>2 a</b> REGISTRATION/CONFERENCE INCOME	<b>Business Code</b>					
		611710	198,463.	198,463.			
	<b>b</b> DRUG POLICY ACTION ADMIN	611710	172,346.	172,346.			
	<b>c</b> PUBLICATIONS AND VIDEOS	611710	7,658.	7,658.			
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			378,467.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		13,844.			13,844.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	13,229.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	13,229.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	0.				
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	20,579.	300.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	20,937.	0.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-358.	300.			
<b>d</b> Net gain or (loss) .....			-58.		-58.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> SETTLEMENT INCOME	<b>Business Code</b>	900099	28,000.		28,000.	
	<b>b</b> REFUND	900099	10,000.			10,000.	
	<b>c</b> OTHER INCOME	900099	5,148.			5,148.	
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			43,148.			
<b>12 Total revenue.</b> See instructions .....			15,593,139.	378,467.	0.	56,934.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	993,000.	993,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	150,963.	150,963.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	114,772.	114,772.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	366,642.	92,668.	243,085.	30,889.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	3,725.		3,725.	
7 Other salaries and wages .....	4,806,199.	3,150,147.	990,087.	665,965.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	259,093.	154,357.	64,712.	40,024.
9 Other employee benefits .....	602,994.	351,561.	158,729.	92,704.
10 Payroll taxes .....	372,742.	216,533.	98,840.	57,369.
11 Fees for services (nonemployees):				
a Management .....	153,535.	1,620.	151,915.	
b Legal .....	198,470.	99,790.	98,680.	
c Accounting .....	48,144.		48,144.	
d Lobbying .....	618,738.	582,405.	36,333.	
e Professional fundraising services. See Part IV, line 17	200,445.			200,445.
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	38,434.	3,328.	13,667.	21,439.
12 Advertising and promotion .....	78,900.	15,551.		63,349.
13 Office expenses .....	680,274.	230,475.	44,557.	405,242.
14 Information technology .....	195,164.	128,693.	48,281.	18,190.
15 Royalties .....	14,283.			14,283.
16 Occupancy .....	1,009,646.	674,502.	276,854.	58,290.
17 Travel .....	302,250.	224,104.	70,789.	7,357.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	434,151.	380,931.	41,983.	11,237.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	220,217.	57,304.	138,714.	24,199.
23 Insurance .....	92,932.	7,166.	85,766.	
24 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 O.)				
a <b>PROGRAM FEES</b>	840,522.	737,410.	30,215.	72,897.
b <b>MAINTENANCE AND REPAIRS</b>	121,232.	100,149.	15,721.	5,362.
c <b>MEMBERSHIP/SUBSCRIPTION</b>	80,604.	74,894.	2,353.	3,357.
d <b>BOARD EXPENSES</b>	13,980.		13,980.	
e All other expenses .....	1,334.	1,006.	241.	87.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>13,013,385.</b>	<b>8,543,329.</b>	<b>2,677,371.</b>	<b>1,792,685.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	816,222.	185,879.	0.	630,343.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	51,793.	<b>1</b>	3,854,306.
	<b>2</b> Savings and temporary cash investments .....	43,101.	<b>2</b>	1,141,414.
	<b>3</b> Pledges and grants receivable, net .....	3,629,846.	<b>3</b>	2,709,160.
	<b>4</b> Accounts receivable, net .....	17,472.	<b>4</b>	2,800.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	86,172.	<b>9</b>	71,417.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,375,822.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,648,238.	<b>10c</b>	4,727,584.
	<b>11</b> Investments - publicly traded securities .....	383,181.	<b>11</b>	401,312.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	111,700.	<b>15</b>	104,794.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	9,271,066.	<b>16</b>	13,012,787.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	441,731.	<b>17</b>	576,793.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,536,988.	<b>23</b>	2,441,829.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	1,122,505.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,978,719.	<b>26</b>	4,141,127.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,157,911.	<b>27</b>	5,915,617.
	<b>28</b> Net assets with donor restrictions .....	4,134,436.	<b>28</b>	2,956,043.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	6,292,347.	<b>32</b>	8,871,660.
	<b>33</b> Total liabilities and net assets/fund balances .....	9,271,066.	<b>33</b>	13,012,787.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,593,139.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,013,385.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,579,754.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,292,347.
5	Net unrealized gains (losses) on investments	5	7,309.
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	-7,750.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,871,660.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **DRUG POLICY ALLIANCE** Employer identification number **52-1516692**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9789244.	12589889.	9507128.	13058914.	15157738.	60102913.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9789244.	12589889.	9507128.	13058914.	15157738.	60102913.
<b>5</b> 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) .....						19848698.
<b>6 Public support.</b> Subtract line 5 from line 4.						40254215.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	9789244.	12589889.	9507128.	13058914.	15157738.	60102913.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	23,381.	25,793.	24,659.	32,295.	27,073.	133,201.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	23,205.	33,941.		12614170.	43,148.	12714464.
<b>11 Total support.</b> Add lines 7 through 10						72950578.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,588,099.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	55.18	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	58.20	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**OTHER INCOME**

2015 AMOUNT: \$ 15,905.

2016 AMOUNT: \$ 4,719.

2018 AMOUNT: \$ 1,003.

2019 AMOUNT: \$ 5,148.

**SCHOLARSHIP APPLICATION FEE**

2015 AMOUNT: \$ 7,300.

**REFORM CONF. REIMBURSEMENT**

2016 AMOUNT: \$ 29,222.

**LOAN FORGIVENESS**

2018 AMOUNT: \$ 12,613,167.

**SETTLEMENT INCOME**

2019 AMOUNT: \$ 28,000.

**REFUND**

2019 AMOUNT: \$ 10,000.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**DRUG POLICY ALLIANCE**

Employer identification number

**52-1516692**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special 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**

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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization  <b>DRUG POLICY ALLIANCE</b>	Employer identification number  <b>52-1516692</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>10,454,562.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>650,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>407,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>DRUG POLICY ALLIANCE</b>	Employer identification number  <b>52-1516692</b>
---	---

**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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>DRUG POLICY ALLIANCE</b>	Employer identification number  <b>52-1516692</b>
---	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <b>DRUG POLICY ALLIANCE</b>	Employer identification number <b>52-1516692</b>
---	---

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

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

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

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

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

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

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2019**

LHA

932041 11-26-19

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	340,282.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	320,840.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	661,122.													
<b>d</b>	Other exempt purpose expenditures .....	10,559,578.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	11,220,700.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	711,035.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	177,759.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	162,523.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	800,585.	840,449.	779,995.	711,035.	3,132,064.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,698,096.
<b>c</b> Total lobbying expenditures	435,655.	444,752.	420,208.	661,122.	1,961,737.
<b>d</b> Grassroots nontaxable amount	200,146.	210,112.	194,999.	177,759.	783,016.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,174,524.
<b>f</b> Grassroots lobbying expenditures	16,274.	16,274.	13,986.	340,282.	386,816.

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

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

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

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

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

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

**Part IV Supplemental Information**

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

---



---



---



---



---



---

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

**Name of the organization** DRUG POLICY ALLIANCE **Employer identification number** 52-1516692

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,340,092.	586,500.	3,753,592.
c Leasehold improvements		975,602.	237,621.	737,981.
d Equipment		1,010,218.	824,117.	186,101.
e Other		49,910.		49,910.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>4,727,584.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX 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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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) DUE TO DRUG POLICY ACTION	18,805.
(3) PAYCHECK PROTECTION PROGRAM LOAN	1,103,700.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,122,505.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	15,613,677.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	7,309.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	13,229.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	20,538.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	15,593,139.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	15,593,139.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	13,034,364.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	20,979.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	20,979.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	13,013,385.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	13,013,385.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

DPA RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT DPA HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. DPA IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR THE PERIODS PRIOR TO 2017.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

RECLASS OF RENTAL EXPENSES TO PART VIII 13,229.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

RECLASS OF RENTAL EXPENSES TO PART VIII 13,229.

**Part XIII** Supplemental Information *(continued)*

LOSS ON UNCOLLECTIBLE PLEDGE 7,750.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 20,979.

Multiple horizontal lines for supplemental information.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization **DRUG POLICY ALLIANCE** Employer identification number **52-1516692**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		14,142.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		14,652.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		1,550.
NORTH AMERICA	0	0	GRANTMAKING		12,988.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		1,832.
SOUTH AMERICA	0	0	GRANTMAKING		31,650.
SOUTH ASIA	0	0	GRANTMAKING		10,286.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		27,672.
<b>3 a</b> Subtotal .....	0	0			114,772.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			114,772.

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

Schedule F (Form 990) 2019



**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL AND LODGING SCHOLARSHIPS	EAST ASIA AND THE PACIFIC	6	14,142.	CHECK/WIRE TRANSFER	0.		
TRAVEL AND LODGING SCHOLARSHIPS	EUROPE (INCLUDING ICELAND & GREENLAND)	10	14,652.	CHECK/WIRE TRANSFER	0.		
TRAVEL AND LODGING SCHOLARSHIPS	MIDDLE EAST AND NORTH AFRICA	1	1,550.	CHECK/WIRE TRANSFER	0.		
TRAVEL AND LODGING SCHOLARSHIPS	NORTH AMERICA	15	12,988.	CHECK/WIRE TRANSFER	0.		
TRAVEL AND LODGING SCHOLARSHIPS	RUSSIA AND NEIGHBORING STATES	1	1,832.	CHECK/WIRE TRANSFER	0.		
TRAVEL AND LODGING SCHOLARSHIPS	SOUTH AMERICA	23	31,650.	CHECK/WIRE TRANSFER	0.		
TRAVEL AND LODGING SCHOLARSHIPS	SOUTH ASIA	5	10,286.	CHECK/WIRE TRANSFER	0.		
TRAVEL AND LODGING SCHOLARSHIPS	SUB-SAHARAN AFRICA	14	27,672.	CHECK/WIRE TRANSFER	0.		

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2019

**Part V Supplemental Information**

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

**PART I, LINE 2:**

DPA'S INTERNATIONAL SCHOLARSHIP PROGRAM AWARDS SCHOLARSHIPS TO INDIVIDUALS TO SUPPORT THEIR COST OF ATTENDANCE AT THE INTERNATIONAL DRUG POLICY REFORM CONFERENCE TO ENSURE THE DIVERSITY OF THE MOVEMENT IN RACE, GENDER, SEXUALITY, AGE, LIVED EXPERIENCE, EDUCATION AND IMMIGRATION STATUS. SCHOLARSHIPS ARE PROVIDED FOR THE CONFERENCE FEE, LODGING, AND TRAVEL TO THE CONFERENCE. THE ORGANIZATION IS ABLE TO MONITOR THE USE OF INDIVIDUAL GRANTS AND ASSISTANCE BY PAYING EXPENSES DIRECTLY TO VENDORS, OR BY RECEIVING ACTUAL RECEIPTS FOR EXPENSES FROM THE AWARDED INDIVIDUALS.

**PART I, LINE 3:**

ACCRUAL BASIS OF ACCOUNTING METHOD IS USED TO ACCOUNT FOR THE EXPENDITURES.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
	11	Net income summary. Subtract line 10 from line 3, column (d) .....			

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: FAIRCOM NEW YORK, INC.

(I) ADDRESS OF FUNDRAISER:

12 WEST 27TH STREET, 13TH FL, NEW YORK, NY 10001

PART I, LINE 2B, COLUMN (V):

FAIRCOM NEW YORK, INC. WAS RETAINED FOR THE CHARITABLE PURPOSE OF FUNDRAISING SOLICITATION THROUGH DIRECT MAILING TO ASSIST DPA'S WORK IN



**Part IV** Supplemental Information (continued)

BROADENING THE PUBLIC DEBATE ON DRUG POLICY AND TO PROMOTE REALISTIC ALTERNATIVES TO WAR ON DRUGS BASED ON SCIENCE, COMPASSION, PUBLIC HEALTH AND HUMAN RIGHTS.

THE AGREEMENT PROVIDES FOR THE PAYMENT OF FEES FOR SERVICES RENDERED IN THE AMOUNT OF \$9,500 PER MONTH, PLUS THE FOLLOWING ADDITIONAL FEES:

- 1. DIRECT MAIL COPY FEES:
  - A. \$1,600 - \$2,300 FOR RENEWALS, APPEALS, MONTHLY GIVING PROGRAM, AND OTHER SOLICITATIONS.
  - B. \$2,000 - \$2,500 PER ACQUISITION PACKAGE.
  - C. \$2,000 - \$2,500 PER MID-LEVEL OR HIGH-DOLLAR PACKAGE.
  - D. \$3,000 - \$3,500 PER 4- PAGE NEWSLETTER WITH COVER LETTER.
  - E. \$1,500 - \$2,000 PER ACKNOWLEDGMENT PACKAGE.
- 2. PRODUCTION MANAGEMENT FEES OF \$45 PER THOUSAND PIECES MAILED OR A MINIMUM OF \$2,500 PER CAMPAIGN.
- 3. OUT-OF-POCKET EXPENSES, WHICH INCLUDES WITHOUT LIMITATION, 5% PRINT OVERRUNS, FREIGHT, OVERNIGHT DELIVERY, MESSENGER FEES, REPRODUCTION COSTS, "SETUP" ALTERNATIONS AND OTHER SIMILAR COSTS. ANY EXPENSES EXCEEDING \$500 MUST BE APPROVED IN WRITING BY THE ORGANIZATION.
- 4. COPYWRITING AND DESIGN FEES OVER (3) ROUNDS OF COPY AND (3) ROUNDS OF DESIGN ARE CHARGED AT A RATE OF \$150/HOUR.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **DRUG POLICY ALLIANCE** Employer identification number **52-1516692**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A NEW PATH 2527 DOUBLETREE ROAD SPRING VALLEY, CA 91978	33-0883927	501(C)3	38,500.	0.	N/A	N/A	TO SUPPORT OUR EXPANDING LOCAL, STATE AND NATIONAL CAMPAIGNS AND PROJECTS.
A NEW WAY OF LIFE REENTRY PROJECT P.O. BOX 875288 LOS ANGELES, CA 90087	95-4782503	501(C)3	25,000.	0.	N/A	N/A	TO PROMOTE EFFECTIVE OUTCOMES WILL OCCUR THROUGH AN EMERGING SLATE OF INITIATIVES ADVOCATING
ALLIANCE FOR GLOBAL JUSTICE 225 E 26TH ST #1 TUCSON, AZ 85713	52-2094677	501(C)3	18,500.	0.	N/A	N/A	TO SUPPORT THEIR FLY BACK 2 SCHOOL PROGRAM.
ATLANTA HARM REDUCTION COALITION P.O. BOX 92670 ATLANTA, GA 30314	58-2227958	501(C)3	20,000.	0.	N/A	N/A	1) TO ADDRESS HIV/AIDS AND HCV AMONGST INTRAVENOUS DRUG USERS (IDU), AND 2) SOUTHERN
BROTHERHOOD/SISTER SOL, INC. 512 W. 143RD STREET NEW YORK, NY 10031	13-3857387	501(C)3	20,000.	0.	N/A	N/A	TO SUPPORT THE DECARCERAL EDUCATION PROJECT (DEP).
CALIFORNIA SOCIETY OF ADDICTION MEDICINE INC. - 575 MARKET ST STE 2125 - SAN FRANCISCO, CA 94105-2870	23-7364605	501(C)3	15,000.	0.	N/A	N/A	TO SUPPORT FOR IMPORTANT HARM REDUCTION INITIATIVES LIKE SUPERVISED INJECTION

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 46.**

**3** Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) (2019)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL AREA IMMIGRANTS' RIGHTS COALITION - 1612 K STREET NW, STE 204 - WASHINGTON, DC 20006	52-2141497	501(C)3	15,000.	0.	N/A	N/A	TO SUPPORT WORK TO DECREASE THE NUMBER OF PEOPLE ENTERING THE DETENTION-DEPORTATION
CENTER FOR LEARNING AND LIVING 14549 ARCHWOOD STREET, #221 VAN NUYS, CA 91405	95-4406897	501(C)3	18,000.	0.	N/A	N/A	TO REMOVE BARRIERS TO EMPLOYMENT AND ENSURE SUCCESSFUL RE-INTEGRATION FOR THOSE TRANSITIONING
CHICAGO URBAN LEAGUE 4510 SOUTH MICHIGAN AVENUE CHICAGO, IL 60653	36-2225483	501(C)3	52,950.	0.	N/A	N/A	IN THE UPCOMING YEAR, THREE PROJECTS WILL CONSTITUTE THE MAJORITY OF THE RESEARCH AND
COLORADO NONPROFIT DEVELOPMENT CENTER - 789 SHERMAN STREETE, STE 250 - DENVER, CO 80203	84-1493585	501(C)3	20,000.	0.	N/A	N/A	TO OPEN A SUPERVISED INJECTION FACILITY (SIF) IN THE DENVER AREA TO BETTER MEET THE HEALTH
DANCESAFE 12081 W ALAMEDA PKWY, #442 LAKEWOOD, CO 80228	94-3365608	501(C)3	15,000.	0.	N/A	N/A	TO CREATE SUCCESSFUL, PEER-BASED EDUCATIONAL PROGRAMS TO REDUCE DRUG MISUSE AND EMPOWER YOUNG
DRCNET FOUNDATION INC. P.O. BOX 9853 WASHINGTON, DC 20016	52-2034867	501(C)3	12,500.	0.	N/A	N/A	TO SUPPORT DRUG WAR CHRONICLE NEWSLETTER AND INTERNATIONAL DRUG POLICY WORK.
DRUG POLICY FORUM OF HAWAII P.O. BOX 83 HONOLULU, HI 96810	94-3263242	501(C)3	15,000.	0.	N/A	N/A	PRINTED PUBLICATIONS; SPECIAL EVENTS, SPEAKERS FEES AND TRAVEL EXPENSES WITHIN THE ISLANDS AS
EXPONENTS, INC. 17 BATTERY PLACE, 8TH FL NEW YORK, NY 10004	13-3572677	501(C)3	15,000.	0.	N/A	N/A	TO DEVELOP ORGANIZATIONAL INFRASTRUCTURE AND IMPLEMENT FIRST-YEAR ACTIVITIES IN TWO AREAS:
FAIR SHARE HOUSING CENTER, INC. 32 COURTLAND ST WOODBURY, NJ 08096	22-2111275	501(C)3	15,000.	0.	N/A	N/A	TO PUSH FOR RACIAL AND SOCIAL JUSTICE PRIORITIES AROUND MARIJUANA PROHIBITION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUSION PARTNERSHIPS, INC. 908 WASHINGTON BLVD BALTIMORE, MD 21230	52-2148413	501(C)3	15,000.	0.	N/A	N/A	TO FORM A STATEWIDE HARM REDUCTION NETWORK TO ENSURE THAT HARM REDUCTION ADVOCATES
GOODS & SERVICES P.O. BOX 470 DREXEL HILL, PA 19026	82-5199540	501(C)3	17,260.	0.	N/A	N/A	TO HOST DEMONSTRATIONS IN DIFFERENT NEIGHBORHOODS THROUGHOUT THE CITY TO OFFER AN OPPORTUNITY FOR
HEALTH EQUITY ALLIANCE 25A PINE STREET ELLESWORTH, ME 04605	01-0441229	501(C)3	15,000.	0.	N/A	N/A	TO EDUCATE, EMPOWER AND MOBILIZE PEOPLE WHO USE DRUGS AND AFFECTED FAMILIES AND FRIENDS
HIV EDUCATION AND PREVENTION PROJECT OF ALAMEDA COUNTY - 914 GENE JOHNSON ST - AUSTIN, TX 78751	94-3205535	501(C)3	20,000.	0.	N/A	N/A	TO ADVANCE HARM REDUCTION AND DRUG POLICY LEGISLATION DURING TEXAS 86TH LEGISLATIVE SESSION.
INDEPENDENT MEDIA INSTITUTE 18 W 21ST ST, STE 901 NEW YORK, NY 10010	52-1309876	501(C)3	12,500.	0.	N/A	N/A	TO SUSTAIN AND DEVELOP ITS DRUGS COVER AGECURRENT AND QUALITY MEDIA
INSTITUTE OF BLACK WORLD 21ST CENTURY, INC. - 31-35 95TH STREET - EAST ELMHURST, NY 11369	30-0186895	501(C)3	25,000.	0.	N/A	N/A	TO SUPPORT BLACK COMMUNITIES IMPACTED BY THE WAR ON DRUGS.
INTERCAMBIOS PUERTO RICO, INC. #165 CALLE DIEGO ZALDUONDO FAJARDO, PR 00738	66-0731885	501(C)3	34,870.	0.	N/A	N/A	TO SUPPORT IMPLEMENTATION OF A MULTIFACETED PUBLIC EDUCATION AND ADVOCACY CAMPAIGN WITH THE GOAL OF
INTERFAITH MOVEMENT FOR HUMAN EQUITY - 5080 SO. MAYWOOD AVENUE - LOS ANGELES, CA 90041	91-2076672	501(C)3	20,000.	0.	N/A	N/A	TO IMPLEMENT A FAITH-ROOTED CIVIC ENGAGEMENT INITIATIVE IN THE WATTS COMMUNITY OF
IOWA HARM REDUCTION COALITION 1216 2ND AVE SE CEDAR RAPIDS, IA 52403	82-1864287	501(C)3	24,420.	0.	N/A	N/A	TO CENTER DRUG POLICY REFORM AND CRIMINAL JUSTICE REFORM WITHIN THE 2020 DEMOCRATIC

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINOJUSTICE PRLDEF 99 HUDSON STREET NEW YORK, NY 10013	13-2722664	501(C)3	26,500.	0.	N/A	N/A	TO ASSIST THE CONVENING OF LATINX NATIONAL LEADERS.
NETWORK ON WOMEN IN PRISON 4400 MARKET STREET OAKLAND, CA 94608	94-3080408	501(C)3	25,000.	0.	N/A	N/A	1) TO INCREASE THE ENGAGEMENT AND PARTICIPATION OF JUSTICE IMPACTED PEOPLE AND
NEW YORK ACADEMY OF MEDICINE 1216 FIFTH AVENUE NEW YORK, NY 10029	13-1656674	501(C)3	12,000.	0.	N/A	N/A	1) TO SUPPORT THE DPA NY OFFICES MASS CRIMINALIZATION CAMPAIGN; 2) TO HOLD SIF STUDY
NORTH CAROLINA HARM REDUCTION, INC. - 2154 WRIGHTSVILLE AVE. - DURHAM, NC 28403	20-3452075	501(C)3	20,000.	0.	N/A	N/A	TO SUPPORT TO ENGAGE ITS COALITION MEMBERS TO EDUCATE THE PUBLIC ON THE NEED FOR LAW ENFORCEMENT
PARTNERSHIP FOR SAFETY & JUSTICE 825 NE 20TH AVE, SUITE 250 PORTLAND, OR 97232	93-1277774	501(C)3	15,000.	0.	N/A	N/A	TO ENGAGE IN A MAJOR STRATEGIC GOAL-SETTING PROCESS.
PEOPLE'S HARM REDUCTION ALLIANCE P.O. BOX 85038 SEATTLE, WA 98145	35-2307112	501(C)3	15,000.	0.	N/A	N/A	TO SUPPORT CONTINUED EFFORTS TO MAKE A SUPERVISED DRUG CONSUMPTION FACILITY IN
PROTECT FAMILIES FIRST 11 ALMY STREET PROVIDENCE, RI 02909	46-0545147	501(C)3	15,000.	0.	N/A	N/A	TO SUPPORT WORK ON THREE MAIN OBJECTIVES.
PUBLIC DEFENDER ASSOCIATION 810 THIRD AVENUE, SUITE 705 SEATTLE, WA 98104	91-0852323	501(C)3	20,000.	0.	N/A	N/A	TO CONTINUE GROWING VOCAL-WA, A SEMI-AUTONOMOUS PROJECT OF PDA AND AFFILIATE OF
SAMUEL DEWITT PROCTOR CONFERENCE 4533 S. LAKE PARK CHICAGO, IL 60653	06-1707903	501(C)3	25,000.	0.	N/A	N/A	TO LAUNCH THE "BAN THE BOX" CAMPAIGN TARGETING HISTORICALLY BLACK COLLEGES AND UNIVERSITIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO DRUG USERS' UNION 1189 S VAN NESS AVE SAN FRANCISCO, CA 94110	46-5106485	501(C)3	35,000.	0.	N/A	N/A	TO CONTINUE TO STRENGTHEN THE RELATIONSHIP WITH THE DPH, THE SF POLICE AND SF BOARD OF SUPERVISORS
SOCIAL AND ENVIRONMENTAL ENTREPRENEURS, INC. - 1207 F STREET NE - WASHINGTON, DC 20002	95-4116679	501(C)3	15,000.	0.	N/A	N/A	TO HELP FIGHT THE FORCED AND UNNECESSARY SEPARATION OF DRUG USING PREGNANT AND PARENTING
SOUTHERNERS ON NEW GROUND 1489 ASHLEY WAY ATLANTA, GA 30344	61-1274170	501(C)3	15,000.	0.	N/A	N/A	TO ADVANCE DECRIMINALIZATION, THE ELIMINATION OF JOB DRUG TESTING, AND THE
THE DRUG POLICY FORUM OF TEXAS, INC. - 8412 MOORCROFT DRIVE - DALLAS, TX 75228	76-0514790	501(C)3	10,000.	0.	N/A	N/A	TO SUPPORT BROADCASTS OF THREE RADIO SHOWS: CULTURAL BAGGAGE, CENTURY OF LIES AND 420 DRUG WAR
THE ORDINARY PEOPLE SOCIETY, INC. 403 WEST POWELL STREET DOTHAN, AL 36303	82-0587071	501(C)3	30,000.	0.	N/A	N/A	TO CONTINUE TO ORGANIZE AFFECTED POPULATIONS IN THE SOUTH BY EXPANDING AND ESTABLISHING
TIDES CENTER 1014 TORNEY AVE SAN FRANCISCO, CA 94129	94-3213100	501(C)3	15,000.	0.	N/A	N/A	TO CONDUCT RESEARCH AND THE PRODUCTION OF A 20 TO 25-PAGE REPORT TO EXAMINE PORTUGALS DRUG
TRUTH PHARM, INC. P.O. BOX 424 BINGHAMTON, NY 13902	81-0718278	501(C)3	20,000.	0.	N/A	N/A	TO FACILITATE STATE-WIDE DRUG POLICY REFORM.
URBAN SURVIVORS UNION 1114 GROVE STREET GREENSBORO, NC 27403	46-3129789	501(C)3	20,000.	0.	N/A	N/A	TO HOST A DRUG USER PLANNING MEETING FOR TWO DAYS BEFORE THE DPA CONFERENCE.
UTAH HARM REDUCTION COALITION 91 EAST FORT UNION BOULEVARD MIDVALE, UT 84047	47-1003019	501(C)3	20,000.	0.	N/A	N/A	TO CREATE A MEANINGFUL DIALOGUE WITH STAKEHOLDERS, COMMUNITY MEMBERS AND ELECTED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERMONTERS FOR CRIMINAL JUSTICE REFORM - 255 SOUTH CHAMPLAIN ST - BURLINGTON, VT 05401	80-0906305	501(C)3	25,000.	0.	N/A	N/A	TO ESTABLISH VERMONT AS THE FIRST U.S. STATEWIDE JURISDICTION TO PUBLICLY EMBRACE AND FULLY
VOICES OF COMMUNITY ACTIVISTS & LEADERS, INC. - 80-A FOURTH AVE - BROOKLYN, NY 11217	13-4094385	501(C)3	70,000.	0.	N/A	N/A	TO BUILD POWER AND EXECUTE A CAMPAIGN TO WIN PASSAGE OF MARIJUANA LEGALIZATION
WILLIAM C. VELASQUEZ INSTITUTE, INC. - 2914 N. MAIN STREET, 1ST FLOOR, SUITE A - LOS ANGELES, CA 90031	74-2378901	501(C)3	25,000.	0.	N/A	N/A	TO CONDUCT A LATINO PUBLIC EDUCATION AND OUTREACH CAMPAIGN FOCUSED ON DEFENDING THE GAINS
WOMEN WITH A VISION 1226 NORTH BROAD STREET NEW ORLEANS, LA 70119	72-1202185	501(C)3	15,000.	0.	N/A	N/A	TO CONTINUE SUPPORT ON CURRENT DRUG POLICY ADVOCACY EFFORTS.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRAVEL AND LODGING SCHOLARSHIPS	405	150,693.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

DPA'S ADVOCACY GRANTS PROGRAM IS DIVIDED INTO TWO DISTINCT FUNDING POOLS, THE ANNUAL PROMOTING POLICY CHANGE PROGRAM (PPC), WHICH GRANTS ROUGHLY \$750,000 OVER THE COURSE OF THE FISCAL YEAR; AND THE MONTHLY SPECIAL OPPORTUNITIES PROGRAM, WHICH HAS THE CAPACITY TO GRANT \$393,000 OVER THE SAME PERIOD. THE GRANTS PROGRAM IS PROMOTED THROUGH DPA'S WEB SITE, OTHER DRUG POLICY WEBSITES, CONFERENCES, AND WEBINARS AND BY DPA STAFF IN ALL STATES WHERE DPA HAS A PRESENCE. GRANTS ARE OVERWHELMINGLY MADE TO ORGANIZATIONS THAT HAVE ACHIEVED 501(C)(3) STATUS AND THAT ORGANIZE AND



**Part IV** Supplemental Information

CONDUCT PUBLIC EDUCATION CAMPAIGNS ALIGNED WITH OUR PRIMARY EXEMPT PURPOSE. ALL APPLICANTS ARE REQUIRED TO SUBMIT A PROJECT PROPOSAL; MOST CURRENT IRS FORM 990; AUDITED FINANCIAL STATEMENTS; BOARD MEETINGS; KEY STAFF RESUMES; 501(C)(3) IRS EXEMPT LETTER. APPLICANT ORGANIZATIONS THAT HAVE NOT RECEIVED THEIR 501(C)(3) EXEMPT LETTER NEED TO APPLY THROUGH A FISCAL SPONSOR WITH 501(C)(3) STATUS.

THE PROGRAM IS MANAGED BY TWO PART-TIME STAFFERS WHO REVIEW ALL APPLICATIONS AND CONSULT HEAVILY WITH DPA STAFF KNOWLEDGEABLE ON THE ISSUES AND THE APPLICANT ORGANIZATIONS, COMMUNITY LEADERS AND OTHER DRUG POLICY REFORM EXPERTS. AFTER THEIR INTERNAL REVIEW, THE STAFF PRESENTS THE APPLICATION AND THEIR RECOMMENDATIONS TO A SIX-PERSON REVIEW COMMITTEE COMPRISED OF A DPA BOARD MEMBER, COMMUNITY LEADERS, AND DPA'S EXECUTIVE DIRECTOR. THE COMMITTEE IS ULTIMATELY RESPONSIBLE FOR MAKING AWARD DECISIONS. THE PROGRAM STAFF MAINTAINS COMMUNICATION WITH THE GRANTEES THROUGHOUT THE YEAR, AND THE GRANT RECIPIENT ORGANIZATIONS ATTEND AN ANNUAL PARTNERS MEETING TO DISCUSS THEIR PROJECTS AND OUTCOMES. AT THE END OF THE GRANT CYCLE, ALL GRANTEES SUBMIT A FINAL NARRATIVE AND EXPENDITURE REPORT.

DPA'S NATIONAL SCHOLARSHIP PROGRAM AWARDS SCHOLARSHIPS TO INDIVIDUALS TO SUPPORT THEIR COST OF ATTENDANCE AT THE INTERNATIONAL DRUG POLICY REFORM CONFERENCE TO ENSURE THE DIVERSITY OF THE MOVEMENT IN RACE, GENDER, SEXUALITY, AGE, LIVED EXPERIENCE, EDUCATION AND IMMIGRATION STATUS. SCHOLARSHIPS ARE PROVIDED FOR THE CONFERENCE FEE, LODGING, AND TRAVEL TO THE CONFERENCE. THE ORGANIZATION IS ABLE TO MONITOR THE USE OF INDIVIDUAL GRANTS AND ASSISTANCE BY PAYING EXPENSES DIRECTLY TO VENDORS, OR BY RECEIVING ACTUAL RECEIPTS FOR EXPENSES FROM THE AWARDED INDIVIDUALS.

**Part IV** Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: A NEW WAY OF LIFE REENTRY PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE EFFECTIVE OUTCOMES WILL OCCUR THROUGH AN EMERGING SLATE OF INITIATIVES ADVOCATING FOR NON-PUNITIVE POLICIES, COMMUNITY RESOURCES AND MEANINGFUL EMPLOYMENT/ENTREPRENEURIAL OPPORTUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: ATLANTA HARM REDUCTION COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: 1) TO ADDRESS HIV/AIDS AND HCV AMONGST INTRAVENOUS DRUG USERS (IDU), AND 2) SOUTHERN HARM REDUCTION CONFERENCE

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA SOCIETY OF ADDICTION MEDICINE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FOR IMPORTANT HARM REDUCTION INITIATIVES LIKE SUPERVISED INJECTION SITES, INCARCERATION USE OF MAT AND TRANSITION FROM INCARCERATION TO WORKFORCE

NAME OF ORGANIZATION OR GOVERNMENT:

CAPITAL AREA IMMIGRANTS' RIGHTS COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WORK TO DECREASE THE NUMBER OF PEOPLE ENTERING THE DETENTION-DEPORTATION PIPELINE AS A RESULT OF CHARGES OR CONVICTIONS RELATED TO DRUG OFFENSES THROUGH IMPACT LITIGATION.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR LEARNING AND LIVING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REMOVE BARRIERS TO EMPLOYMENT AND ENSURE SUCCESSFUL RE-INTEGRATION FOR THOSE TRANSITIONING FROM DRUG

**Part IV** Supplemental Information

TREATMENT, HOMELESSNESS AND INCARCERATION.

NAME OF ORGANIZATION OR GOVERNMENT: CHICAGO URBAN LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: IN THE UPCOMING YEAR, THREE PROJECTS WILL CONSTITUTE THE MAJORITY OF THE RESEARCH AND POLICY CENTER (RPC) EFFORT.

NAME OF ORGANIZATION OR GOVERNMENT: COLORADO NONPROFIT DEVELOPMENT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO OPEN A SUPERVISED INJECTION FACILITY (SIF) IN THE DENVER AREA TO BETTER MEET THE HEALTH AND WELFARE NEEDS OF THE COMMUNITY WE SERVE.

NAME OF ORGANIZATION OR GOVERNMENT: DANCESAFE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE SUCCESSFUL, PEER-BASED EDUCATIONAL PROGRAMS TO REDUCE DRUG MISUSE AND EMPOWER YOUNG PEOPLE TO MAKE HEALTHY, INFORMED LIFESTYLE CHOICES.

NAME OF ORGANIZATION OR GOVERNMENT: DRUG POLICY FORUM OF HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: PRINTED PUBLICATIONS; SPECIAL EVENTS, SPEAKERS FEES AND TRAVEL EXPENSES WITHIN THE ISLANDS AS WELL AS PARTIAL COMPENSATION FOR OUR FULL-TIME EXECUTIVE DIRECTOR AND OUR PART-TIME ORGANIZER.

NAME OF ORGANIZATION OR GOVERNMENT: EXPONENTS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP ORGANIZATIONAL INFRASTRUCTURE AND IMPLEMENT FIRST-YEAR ACTIVITIES IN TWO AREAS: TRAINING AND CLINICAL EDUCATION, AND ADVOCACY AND PUBLIC EDUCATION.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FUSION PARTNERSHIPS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FORM A STATEWIDE HARM REDUCTION NETWORK TO ENSURE THAT HARM REDUCTION ADVOCATES THROUGHOUT THE STATE HAVE THE RESOURCES THEY NEED TO HAVE A PROACTIVE HARM REDUCTION PRESENCE IN ANNAPOLIS IN 2019 MARYLAND LEGISLATIVE SESSION.

NAME OF ORGANIZATION OR GOVERNMENT: GOODS & SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HOST DEMONSTRATIONS IN DIFFERENT NEIGHBORHOODS THROUGHOUT THE CITY TO OFFER AN OPPORTUNITY FOR NEIGHBORHOODS TO HAVE AN IMMERSIVE OPS EXPERIENCE. SE

NAME OF ORGANIZATION OR GOVERNMENT: INTERCAMBIOS PUERTO RICO, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IMPLEMENTATION OF A MULTIFACETED PUBLIC EDUCATION AND ADVOCACY CAMPAIGN WITH THE GOAL OF DECRIMINALIZING DRUG USERS AND PROMOTING OTHER DRUG POLICY REFORM IN PUERTO RICO.

NAME OF ORGANIZATION OR GOVERNMENT: INTERFAITH MOVEMENT FOR HUMAN EQUITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPLEMENT A FAITH-ROOTED CIVIC ENGAGEMENT INITIATIVE IN THE WATTS COMMUNITY OF LOS ANGELES WHICH WILL BRING TOGETHER RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: IOWA HARM REDUCTION COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CENTER DRUG POLICY REFORM AND CRIMINAL JUSTICE REFORM WITHIN THE 2020 DEMOCRATIC PRESIDENTIAL CANDIDATE RACE.

NAME OF ORGANIZATION OR GOVERNMENT: NETWORK ON WOMEN IN PRISON

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: 1) TO INCREASE THE ENGAGEMENT AND PARTICIPATION OF JUSTICE IMPACTED PEOPLE AND FAMILIES IN DRUG POLICY REFORM, ADVOCACY, AND LEADERSHIP DEVELOPMENT AND 2) TO SUPPORT AND JOIN LSPC IN CELEBRATING THEIR 41TST ANNIVERSARY AND THE 16TH ANNIVERSARY OF ALL OF US OR NONE AT UPCOMING GALA IN OAKLAND.

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK ACADEMY OF MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: 1) TO SUPPORT THE DPA NY OFFICES MASS CRIMINALIZATION CAMPAIGN; 2) TO HOLD SIF STUDY REPORT BACKS WITH INTERESTED; AND 3) TO ENGAGE ACADEMY FELLOWS IN DRUG POLICY REFORM AND RESEARCH.

NAME OF ORGANIZATION OR GOVERNMENT: NORTH CAROLINA HARM REDUCTION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TO ENGAGE ITS COALITION MEMBERS TO EDUCATE THE PUBLIC ON THE NEED FOR LAW ENFORCEMENT ASSISTED DIVERSION

NAME OF ORGANIZATION OR GOVERNMENT: PEOPLE'S HARM REDUCTION ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CONTINUED EFFORTS TO MAKE A SUPERVISED DRUG CONSUMPTION FACILITY IN SEATTLE.

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC DEFENDER ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE GROWING VOCAL-WA, A SEMI-AUTONOMOUS PROJECT OF PDA AND AFFILIATE OF VOCAL-NY.

NAME OF ORGANIZATION OR GOVERNMENT: SAMUEL DEWITT PROCTOR CONFERENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO LAUNCH THE "BAN THE BOX" CAMPAIGN TARGETING HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCU).

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

SOCIAL AND ENVIRONMENTAL ENTREPRENEURS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP FIGHT THE FORCED AND UNNECESSARY SEPARATION OF DRUG USING PREGNANT AND PARENTING PEOPLE AND THEIR CHILDREN BY 1. RAISING PUBLIC AWARENESS 2. ENGAGING IN POLICY ADVOCACY 3. BUILDING COMMUNITY AND SUPPORTING THE ADVOCACY OF ORGANIZERS, ADVOCATES, JOURNALISTS, ACADEMICS, ETC.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERNERS ON NEW GROUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVANCE DECRIMINALIZATION, THE ELIMINATION OF JOB DRUG TESTING, AND THE EXPANSION OF EXPUNGEMENT POLICIES IN GA COUNTIES AND CITIES

NAME OF ORGANIZATION OR GOVERNMENT: THE DRUG POLICY FORUM OF TEXAS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT BROADCASTS OF THREE RADIO SHOWS: CULTURAL BAGGAGE, CENTURY OF LIES AND 420 DRUG WAR NEWS.

NAME OF ORGANIZATION OR GOVERNMENT: THE ORDINARY PEOPLE SOCIETY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE TO ORGANIZE AFFECTED POPULATIONS IN THE SOUTH BY EXPANDING AND ESTABLISHING LEADERSHIP TEAMS AND TOPS CHAPTERS IN NEW CITIES AND TOWNS.

NAME OF ORGANIZATION OR GOVERNMENT: TIDES CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT RESEARCH AND THE PRODUCTION OF A 20 TO 25-PAGE REPORT TO EXAMINE PORTUGALS DRUG DECRIMINALIZATION POLICY AND ITS IMPLICATIONS FOR THE DEVELOPMENT OF A STATE BASED DRUG DECRIMINALIZATION MODEL IN THE U.S.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UTAH HARM REDUCTION COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE A MEANINGFUL DIALOGUE WITH STAKEHOLDERS, COMMUNITY MEMBERS AND ELECTED OFFICIALS WITH THE INTENT OF GAINING SUPPORT FOR AND ENACTING LEGISLATIVE POLICIES FOR PEOPLE WHO USE DRUGS THAT ARE SCIENCE DRIVEN AND EVIDENCE BASED AND THAT ARE ROOTED IN COMPASSION, HEALTH AND DIGNITY

NAME OF ORGANIZATION OR GOVERNMENT:

VERMONTERS FOR CRIMINAL JUSTICE REFORM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ESTABLISH VERMONT AS THE FIRST U.S. STATEWIDE JURISDICTION TO PUBLICLY EMBRACE AND FULLY IMPLEMENT A PUBLIC HEALTH SAFER SUBSTANCE SUBSTITUTION POLICY DESIGNED TO MAXIMIZE ACCESS TO LIVE-SAVING BUPRENORPHINE, WITH OR WITHOUT A PRESCRIPTION.

NAME OF ORGANIZATION OR GOVERNMENT: WILLIAM C. VELASQUEZ INSTITUTE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONDUCT A LATINO PUBLIC EDUCATION AND OUTREACH CAMPAIGN FOCUSED ON DEFENDING THE GAINS MADE IN DRUG REFORM POLICIES IN CALIFORNIA.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**DRUG POLICY ALLIANCE**

Employer identification number

**52-1516692**

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate 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.
- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....
- 3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- 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** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 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 .....
- 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 .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019



**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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARIA MCFARLAND, EXECUTIVE DIRECTOR UNTIL MARCH 2020	(i)	259,360.	0.	180.	26,000.	27,039.	312,579.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RYAN CHAVEZ, MANAGING DIR. FINANCE & ADMIN UNTIL OCT 2019	(i)	147,978.	0.	16,478.	17,277.	7,074.	188,807.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALICE BROWN, MANAGING DIRECTOR, POLICY UNTIL AUG 2019	(i)	108,877.	0.	52,763.	10,353.	12,546.	184,539.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROSEANNE SCOTTI STATE DIRECTOR - NJ UNTIL MAY 2019	(i)	73,172.	0.	82,391.	5,879.	7,406.	168,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELLEN FLENNIKEN MANAGING DIRECTOR, DEVELOPMENT	(i)	142,410.	0.	144.	12,807.	32,719.	188,080.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) THESHIA NAIDOO LEGAL DIRECTOR, CRIMINAL JUSTICE	(i)	142,313.	0.	270.	13,695.	12,510.	168,788.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JULIE NETHERLAND, MANAGING DIR. RESEARCH & ACADEMIC ENGAGEMENT	(i)	138,259.	0.	414.	7,030.	14,996.	160,699.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

PART I, LINE 4A:

PURSUANT TO THE TERMS AND CONDITIONS STIPULATED IN MS. ALICE W. BROWN'S SEPARATION AGREEMENT, THE ORGANIZATION PAID A SEVERANCE PAYMENT TO MS. ALICE W. BROWN IN THE AMOUNT OF \$52,020 IN 2019. THE PAYMENT IS REPORTED IN PART II, COLUMN B(II).

PURSUANT TO THE TERMS AND CONDITIONS STIPULATED IN MS. ROSEANNE SCOTTI'S SEPARATION AGREEMENT, THE ORGANIZATION PAID A SEVERANCE PAYMENT TO MS. ROSEANNE SCOTTI IN THE AMOUNT OF \$81,896 IN 2019. THE PAYMENT IS REPORTED IN PART II, COLUMN B(II).

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

APPROACH TO DRUGS GROUNDED IN SCIENCE, COMPASSION, HEALTH, AND HUMAN RIGHTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE WAR ON DRUGS IS AMONG THE MOST DISASTROUS POLICIES IN THE UNITED STATES. IT IS A MAJOR DRIVER OF CRIMINALIZATION AND OVER-POLICING, WITH A PARTICULARLY DEVASTATING IMPACT ON GENERATIONS OF BLACK, LATINX, AND OTHER PEOPLE OF COLOR. IT IS THE BASIS FOR DEPRIVING HUNDREDS OF THOUSANDS OF AMERICANS OF THE RIGHT TO VOTE. IT IS THE CAUSE FOR DEPORTATION OF TENS OF THOUSANDS OF IMMIGRANTS EACH YEAR. IT IS THE EXCUSE FOR POURING BILLIONS OF DOLLARS INTO BRUTAL MILITARY AND POLICE FORCES IN COUNTRIES FROM MEXICO TO AFGHANISTAN TO THE PHILIPPINES. IT DOES NOTHING TO PREVENT DRUG OVERDOSE DEATHS OR OTHER NEGATIVE CONSEQUENCES OF DRUG MISUSE BUT INSTEAD EXACERBATES THESE VERY REAL PROBLEMS. AND IT FUELS PREJUDICE AGAINST PEOPLE WHO USE DRUGS, ENABLING AND ENCOURAGING THEIR DEHUMANIZATION.

DPA ENVISIONS A JUST SOCIETY IN WHICH THE USE AND REGULATION OF DRUGS ARE GROUNDED IN SCIENCE, COMPASSION, HEALTH, AND HUMAN RIGHTS; IN WHICH PEOPLE ARE NO LONGER PUNISHED FOR WHAT THEY PUT INTO THEIR OWN BODIES; AND IN WHICH THE FEARS, PREJUDICES, AND PUNITIVE PROHIBITIONS OF TODAY ARE NO MORE. OUR MISSION IS TO ADVANCE THOSE POLICIES AND ATTITUDES THAT BEST REDUCE THE HARMS OF BOTH DRUG USE AND DRUG PROHIBITION, AND TO PROMOTE THE SOVEREIGNTY OF INDIVIDUALS OVER THEIR MINDS AND BODIES.

FOUNDED IN 2000, TODAY WE HAVE 45 STAFF, 12,000 MEMBERS, 175,000

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
--	--

SUBSCRIBERS TO OUR ONLINE COMMUNICATIONS, AND A GROWING TRACK RECORD OF SUCCESS AT THE MUNICIPAL, STATE, AND FEDERAL LEVELS.

WHILE OUR WORK ADDRESSES THE WIDE RANGE OF SOCIAL, POLITICAL, AND ECONOMIC ISSUES TOUCHED BY THE WAR ON DRUGS, NEARLY ALL OUR EFFORTS FALL UNDER THREE SUBSTANTIVE ISSUE AREAS:

1) REFORMING THE CRIMINAL JUSTICE SYSTEM. THE WAR ON DRUGS IS A PRINCIPAL FACTOR DRIVING MASS CRIMINALIZATION AND A MAJOR CONTRIBUTOR TO THE UNPRECEDENTED RATE OF INCARCERATION IN THE U.S. SIMPLE DRUG POSSESSION IS BY FAR THE MOST ARRESTED OFFENSE IN THE COUNTRY, WITH 1.35 MILLION ARRESTS IN 2019 ALONE. DPA SEEKS TO REDUCE THE NUMBER OF PEOPLE ARRESTED, CONVICTED, INCARCERATED, AND OTHERWISE PUNISHED FOR DRUG OFFENSES; TO ADDRESS THE PROFOUND RACISM IN THE CRIMINAL JUSTICE SYSTEM; AND TO OVERHAUL POLICIES THAT SUPPORT THE DRUG WAR, SUCH AS CIVIL ASSET FORFEITURE.

2) EMPOWERING PUBLIC HEALTH APPROACHES. THE DRUG WAR TREATS DRUG USE PRIMARILY AS A CRIMINAL PROBLEM RATHER THAN A HEALTH ISSUE, CAUSING UNNECESSARY DEATH, DISEASE, AND SUFFERING. MORE THAN 71,000 PEOPLE DIED OF AN OVERDOSE IN 2019 MAKING IT THE LEADING CAUSE OF ACCIDENTAL DEATH IN THE COUNTRY. DPA ADVOCATES HARM REDUCTION POLICIES AND EVIDENCE-BASED PUBLIC HEALTH INTERVENTIONS TO MINIMIZE THE NEGATIVE HEALTH CONSEQUENCES OF DRUGS, SUCH AS OVERDOSE FATALITIES, HIV/AIDS, HEPATITIS C, AND SUBSTANCE USE DISORDERS, AND TO PROVIDE ALTERNATIVE MODELS TO CRIMINALIZATION.

3) ENDING CANNABIS PROHIBITION. CANNABIS PROHIBITION IS AT THE HEART OF

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
--	--

THE DRUG WAR, DIRECTLY HARMING MORE LIVES THAN ANY OTHER SINGLE DRUG POLICY. EVEN THOUGH MANY STATES HAVE CREATED LEGAL MARKETS, THERE WERE MORE THAN HALF A MILLION ARRESTS FOR CANNABIS POSSESSION IN 2019. THE CONSEQUENCES OF AN ARREST CAN BE SEVERE, LEADING TO LOSS OF EMPLOYMENT, HOUSING, PARENTAL RIGHTS, AND FINANCIAL AID. DPA PROMOTES SENSIBLE POLICIES TO REDUCE THE NUMBER OF ARRESTS AND TO LEGALLY REGULATE CANNABIS FOR MEDICAL AND ADULT-USE PURPOSES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
HIGHLIGHTS FROM THE PAST YEAR:

- CRAFTING MODEL POLICY PROPOSALS TO END ARRESTS, PROSECUTIONS, AND INCARCERATION
- ADVANCING POLICING REFORMS AT THE MUNICIPAL LEVEL AND DRUG POSSESSION DEFELONIZATION AT THE STATE LEVEL
- BLOCKING MISGUIDED POLICY PROPOSALS SEEKING TO INCREASE PUNISHMENTS
- PROMOTING MEDICATION-ASSISTED TREATMENT IN JAILS AND PRISONS
- BUILDING SUPPORT TO REMOVE BARRIERS TO MEDICATION-ASSISTED TREATMENT MORE BROADLY, PARTICULARLY AS LOCKDOWNS AND SOCIAL DISTANCING ORDERS WERE INSTITUTED BECAUSE OF THE COVID-19 PANDEMIC
- ADVANCING SUPERVISED CONSUMPTION SERVICES (ALSO KNOWN AS SAFER INJECTION FACILITIES) AND SUCCESSFULLY BLOCKING A FEDERAL ATTEMPT TO PREVENT SUCH A SERVICE OPENING
- ADVANCING ACCESS TO NALOXONE TO PREVENT OVERDOSE DEATHS, AND SYRINGE ACCESS PROGRAMS TO PREVENT THE SPREAD OF HIV/AIDS AND PROVIDE HELP TO PEOPLE WHO USE DRUGS
- ADVANCING A BILL THAT WOULD DE-SCHEDULE CANNABIS AT THE FEDERAL

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
--	--

LEVEL, EXPUNGE CRIMINAL RECORDS, AND BEGIN TO REPAIR THE HARMS OF PROHIBITION IN THE COMMUNITIES WHERE IT HAS BEEN MOST VICIOUSLY ENFORCED

- ADVANCING POLICY PROPOSALS TO LEGALIZE CANNABIS IN SELECT STATES
- HOSTING MORE THAN 1,300 PEOPLE FOR THE 2019 INTERNATIONAL DRUG POLICY REFORM CONFERENCE
- SUPPORTING A NATIONAL COALITION OF ORGANIZATIONS FIGHTING TO INCREASE EDUCATIONAL ACCESS FOR PEOPLE WITH CRIMINAL CONVICTIONS

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

HIGHLIGHTS FROM THE PAST YEAR:

- SUPPORTED AROUND 40 ORGANIZATIONS THROUGH OUR ADVOCACY GRANTS PROGRAM, WITH GRANTS TOTALING \$750,000
- SUPPORTED AROUND 20 ORGANIZATIONS THROUGH OUR SPECIAL OPPORTUNITIES GRANTS PROGRAM, WITH GRANTS TOTALING MORE THAN \$300,000
- SHARED OUR EXPERTISE WITH COALITIONS AND OTHER ORGANIZATIONS WORKING TO DECARCERATE PRISONS AND JAILS, REFORM BAIL PRACTICES, ADDRESS POLICING, ADVANCE AN ANTI-RACISM AGENDA, END CRIMMIGRATION PRACTICES, AND MORE

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

HIGHLIGHTS FROM THE PAST YEAR:

- GENERATING MEDIA COVERAGE OF OUR ISSUES AND CAMPAIGN AND EDUCATING OUR MEMBERS THROUGH SOCIAL MEDIA AND OTHER CREATIVE COMMUNICATIONS CAMPAIGNS

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
--	--

- RESPONDING IN THE PRESS TO THE MISUSE OF RESEARCH THAT UNDERMINES REFORM

- ROLLING OUT "SAFETY FIRST: REAL DRUG EDUCATION FOR TEENS," A FIRST-OF-ITS-KIND HARM REDUCTION-BASED DRUG EDUCATION CURRICULUM FOR YOUNG PEOPLE, AND ADAPTING THE CURRICULUM FOR DISTANCE LEARNING DURING THE PANDEMIC

- CONVENING OTHER ACADEMICS TO ADVANCE A NEW RESEARCH AGENDA FOR DRUG POLICY

- PRODUCING A REPORT, "RETHINKING THE 'DRUG DEALER'," WHICH MAKES THE CASE FOR REFORMING THE U.S. APPROACH TO PEOPLE WHO SELL DRUGS

- PRODUCING AND DISSEMINATING AN ARRAY OF FACT SHEETS, PODCASTS, AND OTHER MEDIA ABOUT DRUGS AND DRUG POLICY ISSUES

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

OTHER PROGRAM SERVICES INCLUDE- CONFERENCES, HEALTH AND HARM REDUCTION, TREATMENT AND PREVENTION, AND SPECIAL PROJECTS.

EXPENSES \$ 2,165,257. INCLUDING GRANTS OF \$ 0. REVENUE \$ 172,346.

FORM 990, PART VI, SECTION B, LINE 11B:

DPA ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE FORM 990. THE FORM 990 IS PROVIDED AND PRESENTED TO THE FINANCE COMMITTEE, AFTER THE CHIEF OPERATING OFFICER'S REVIEW. ONCE ANY QUESTIONS OR CONCERNS ARE ADDRESSED, THE FORM 990 IS THEN SENT TO THE FULL BOARD BY EMAIL FOR THEIR REVIEW. ANY QUESTIONS FROM BOARD MEMBERS ARE DIRECTED BY THE BOARD PRESIDENT TO STAFF OR TO THE ACCOUNTING FIRM, AS APPROPRIATE. ONCE ALL QUESTIONS FROM THE BOARD ARE SATISFACTORILY RESOLVED, THE FORM 990 IS THEN FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
--	--

DRUG POLICY ALLIANCE CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY THAT APPLIES TO ANY BOARD MEMBER OR OFFICER. EACH BOARD MEMBER AND OFFICER MUST ANNUALLY SIGN AND SUBMIT TO THE EXECUTIVE DIRECTOR A STATEMENT WHICH AFFIRMS SUCH PERSON: (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, (B) HAS READ AND UNDERSTANDS THE CONFLICT OF INTEREST POLICY, AND (C) HAS AGREED TO COMPLY WITH THE POLICY. IF A POTENTIAL OR ACTUAL CONFLICT IS DISCLOSED AT ANY TIME, THE AUDIT COMMITTEE WILL REVIEW THE MATERIAL FACTS AND CIRCUMSTANCES. IF IT IS ESTABLISHED THAT AN ACTUAL CONFLICT EXISTS, THE INDIVIDUAL WILL BE NOTIFIED IMMEDIATELY AND WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY DISCUSSIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT UNTIL THE CONFLICT IS RESOLVED. AT THE REQUEST OF THE AUDIT COMMITTEE, THE INTERESTED PERSON MAY PROVIDE INFORMATION REGARDING THE TRANSACTION PRIOR TO THE DELIBERATIONS OF THE BOARD.

ANY DISCUSSION REGARDING THE CONFLICT OF INTEREST TRANSACTION IS DOCUMENTED IN THE MINUTES OF THE BOARD MEETINGS. THE MINUTES OF THE BOARD MEETING SHALL REFLECT THE CONFLICT OF INTEREST THAT WAS DISCLOSED, THE NAME OF THE INTERESTED PERSON, AND FINAL DISCUSSION ON THE CONFLICT OF INTEREST TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:  
THE EXECUTIVE DIRECTOR LEFT THE ORGANIZATION IN MARCH 2020. THE ORGANIZATION CONTRACTED WITH AN INTERIM EXECUTIVE DIRECTOR WHO ASSUMED THE ROLE FOR THE REMAINDER OF THE TAX YEAR. THE ORGANIZATION SUBSEQUENTLY HIRED A NEW EXECUTIVE DIRECTOR IN SEPTEMBER 2020.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC, TN, UT



Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
--	--

VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, AS WELL AS GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON UNCOLLECTIBLE PLEDGE	-7,750.
------------------------------	---------

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE ORGANIZATION'S OVERSIGHT PROCESS HAS NOT CHANGED DURING THE TAX YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **DRUG POLICY ALLIANCE** Employer identification number **52-1516692**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DRUG POLICY ACTION - 52-1951197 131 WEST 33RD STREET, 15TH FLOOR NEW YORK, NY 10001	PROMOTING SOCIAL WELFARE AND TO ADVOCATE FOR DRUG POLICY REFORM	DISTRICT OF COLUMBIA	501(C)(4)		DRUG POLICY ALLIANCE	X	



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DRUG POLICY ACTION	C	10,454,562.	COST
(2) DRUG POLICY ACTION	Q	172,346.	COST
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.