

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

MAY 31, 2021

PREPARED FOR:

DRUG POLICY ALLIANCE
131 W. 33RD STREET, 15TH FLOOR
NEW YORK, NY 10001

PREPARED BY:

PKF O'CONNOR DAVIES, LLP
500 MAMARONECK AVENUE
HARRISON, NY 10528-1633

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **JUN 1, 2020** and ending **MAY 31, 2021**

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	C Name of organization DRUG POLICY ALLIANCE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 131 W. 33RD STREET, 15TH FLOOR City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10001 F Name and address of principal officer: KASSANDRA FREDERIQUE SAME AS C ABOVE	D Employer identification number 52-1516692 E Telephone number (212) 613-8040 G Gross receipts \$ 16,583,800. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I 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		
J Website: ▶ WWW.DRUGPOLICY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1995 M State of legal domicile: DC

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE DRUG POLICY ALLIANCE WORKS TO END THE WAR ON DRUGS AND BUILD IN ITS PLACE AN ALTERNATIVE		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	50
6	Total number of volunteers (estimate if necessary)	6	15
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	15,157,738.	16,406,443.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	378,467.	126,909.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,786.	9,548.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,148.	2,495.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,593,139.	16,545,395.
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,258,735.	908,500.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	6,411,395.	5,435,769.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,658,592.	200,445.	226,153.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,142,810.	4,313,017.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,013,385.	10,883,439.
19	Revenue less expenses. Subtract line 18 from line 12	2,579,754.	5,661,956.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	13,012,787.	19,983,663.
22	Net assets or fund balances. Subtract line 21 from line 20	4,141,127.	5,463,315.
		8,871,660.	14,520,348.

Part II Signature Block

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

Sign Here	Signature of officer KASSANDRA FREDERIQUE, EXECUTIVE DIRECTOR Type or print name and title	Date 			
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 03/11/22	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945			
	Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 10528-1633	Phone no. 914-381-8900			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUN 1, 2020, and ending MAY 31, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

DRUG POLICY ALLIANCE

52-1516692

Name and title of officer or person subject to tax

**KASSANDRA FREDERIQUE
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>16,545,395.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize PKF O'CONNOR DAVIES, LLP to enter my PIN 10001
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ 03/16/2022

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

26242303218

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ PKF O'CONNOR DAVIES, LLP Date ▶ 03/11/22

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or print	Name of exempt organization or other filer, see instructions. DRUG POLICY ALLIANCE	Taxpayer identification number (TIN) 52-1516692
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 131 W. 33RD STREET, 15TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10001	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KIMBERLY THOMAS, COO

- The books are in the care of ▶ **131 W. 33RD STREET, 15TH FLOOR - NEW YORK, NY 10001**
Telephone No. ▶ **(212) 613-8040** Fax No. ▶ **(212) 613-8041**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until APRIL 18, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUN 1, 2020, and ending MAY 31, 2021.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

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: 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.

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

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

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

4a (Code:) (Expenses \$ 2,649,969. including grants of \$) (Revenue \$) REFORMING THE CRIMINAL JUSTICE SYSTEM:

DRUG POLICY ALLIANCE (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.

HIGHLIGHTS FROM THE PAST YEAR:

4b (Code:) (Expenses \$ 983,049. including grants of \$ 885,000.) (Revenue \$) EMPOWERING PUBLIC HEALTH APPROACHES:

DRUG POLICY ALLIANCE (DPA) FUNDS AND PARTNERS WITH STATE-BASED, CONSTITUENCY-BASED, SINGLE-ISSUE, AND SMALLER NATIONAL ORGANIZATIONS. WE DISBURSE ROUGHLY \$900,000 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 (THIS HAS BEEN TEMPORARILY SUSPENDED SINCE DUE TO

4c (Code:) (Expenses \$ 409,604. including grants of \$) (Revenue \$ 7,856.) ENDING CANNABIS PROHIBITION:

DRUG POLICY ALLIANCE (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.

HIGHLIGHTS FROM THE PAST YEAR:

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,547,511. including grants of \$ 23,500.) (Revenue \$ 119,053.)

4e Total program service expenses 6,590,133.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 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>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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, business income, foreign accounts, 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 (13), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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

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) RICHARD BURNS, INTERIM EXECUTIVE DIRECTOR UNTIL SEPT 2020	40.00 8.00			X				216,000.	0.	0.
(2) KASSANDRA FREDERIQUE, MD POLICY UNTIL SEPT 2020/EXECUTIVE DIRECTOR	40.00 8.00			X				176,825.	0.	31,955.
(3) ELLEN FLENNIKEN MANAGING DIRECTOR, DEVELOPMENT	40.00				X			141,941.	0.	62,463.
(4) EMILY KALTENBACH, SENIOR DIRECTOR, CRIMINAL LEGAL & POLICING	40.00				X			135,475.	0.	57,171.
(5) THESHIA NAIDOO LEGAL DIRECTOR, LEGAL AFFAIRS	40.00				X			152,822.	0.	22,488.
(6) JULIE NETHERLAND MANAGING DIRECTOR, DRAE	40.00				X			143,907.	0.	23,201.
(7) STEFANIE JONES, INTERIM MANAGING DIRECTOR, COMMS	40.00				X			136,823.	0.	19,539.
(8) KIMBERLY THOMAS, CHIEF OPERATING OFFICER AS OF MARCH 2021	40.00 8.00			X				0.	0.	0.
(9) DEREK (OSCAR) HODEL PRESIDENT	2.00 2.00	X		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) MARY TRAVIS BASSETT DIRECTOR	1.00	X						0.	0.	0.
(13) JAMES E. FERGUSON, II DIRECTOR	1.00	X						0.	0.	0.
(14) JOY FISHMAN DIRECTOR	1.00	X						0.	0.	0.
(15) JASON FLOM DIRECTOR	1.00	X						0.	0.	0.
(16) DAVID C. LEWIS, MD DIRECTOR UNTIL DEC 2020	1.00 1.00	X						0.	0.	0.
(17) PAMELA LICHTY DIRECTOR	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) ALEJANDRO MADRAZO DIRECTOR	1.00	X						0.	0.	0.
(19) ANGELA PACHECO DIRECTOR	1.00	X						0.	0.	0.
(20) KEMBA SMITH PRADIA 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 UNTIL OCT 2020	1.00	X						0.	0.	0.
1b Subtotal							1,103,793.	0.	216,817.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,103,793.	0.	216,817.	

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 **15**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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	654,422.
FISCAL MANAGEMENT ASSOCIATES 440 PARK AVENUE SOUTH, NEW YORK, NY 10016	MANAGEMENT CONSULTING	305,508.
JACKSON RIVER LLC P O BOX 931604, ATLANTA, GA 31193	PROGRAM CONSULTING	140,280.

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 **3**

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	777,237.				
	c Fundraising events	1c					
	d Related organizations	1d	2,700,000.				
	e Government grants (contributions)	1e	405,987.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	12,523,219.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,628.				
	h Total. Add lines 1a-1f		16,406,443.				
Program Service Revenue	2 a DRUG POLICY ACTION ADMIN	Business Code	611710	119,053.	119,053.		
	b PUBLICATIONS AND VIDEOS		611710	7,856.	7,856.		
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		126,909.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,548.			9,548.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	38,405.			
			(ii) Personal				
	b Less: rental expenses ...	6b	38,405.				
	c Rental income or (loss)	6c	0.				
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a REFUND	Business Code	900099	2,440.		2,440.	
	b OTHER INCOME		900099	55.		55.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d		2,495.				
12 Total revenue. See instructions		16,545,395.	126,909.	0.	12,043.		

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 ...	908,500.	908,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	414,391.	217,398.	157,860.	39,133.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,959,074.	2,408,086.	934,856.	616,132.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	259,255.	155,716.	63,325.	40,214.
9 Other employee benefits	515,552.	316,029.	120,446.	79,077.
10 Payroll taxes	287,497.	176,437.	67,504.	43,556.
11 Fees for services (nonemployees):				
a Management	390,100.		363,327.	26,773.
b Legal	155,286.	95,237.	57,052.	2,997.
c Accounting	45,613.		45,613.	
d Lobbying	331,752.	331,752.		
e Professional fundraising services. See Part IV, line 17	226,153.			226,153.
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.)	70,157.	55.	64,691.	5,411.
12 Advertising and promotion	164,482.	72,702.		91,780.
13 Office expenses	223,324.	56,965.	80,514.	85,845.
14 Information technology	158,857.	87,785.	40,397.	30,675.
15 Royalties	9,958.			9,958.
16 Occupancy	784,488.	585,434.	132,455.	66,599.
17 Travel	2,507.		2,481.	26.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	102,080.	92,341.	4,798.	4,941.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	304,943.	63,733.	203,580.	37,630.
23 Insurance	105,064.	7,817.	97,247.	
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 PROGRAM FEES	988,985.	917,086.	71,899.	
b PRINTING	226,065.	723.	294.	225,048.
c MAINTENANCE AND REPAIRS	121,741.	74,943.	34,817.	11,981.
d MEMBERSHIP/SUBSCRIPTION	62,541.	13,159.	35,166.	14,216.
e All other expenses	65,074.	8,235.	56,392.	447.
25 Total functional expenses. Add lines 1 through 24e	10,883,439.	6,590,133.	2,634,714.	1,658,592.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	821,610.	196,895.	0.	624,715.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,854,306.	1	4,870,955.
	2 Savings and temporary cash investments	1,141,414.	2	1,142,312.
	3 Pledges and grants receivable, net	2,709,160.	3	8,880,323.
	4 Accounts receivable, net	2,800.	4	0.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	71,417.	9	57,395.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,288,034.		
	b Less: accumulated depreciation	10b 1,865,393.	10c	4,422,641.
	11 Investments - publicly traded securities	401,312.	11	415,707.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	104,794.	15	194,330.
16 Total assets. Add lines 1 through 15 (must equal line 33)	13,012,787.	16	19,983,663.	
Liabilities	17 Accounts payable and accrued expenses	576,793.	17	914,299.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,441,829.	23	2,341,616.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,122,505.	25	2,207,400.
	26 Total liabilities. Add lines 17 through 25	4,141,127.	26	5,463,315.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,915,617.	27	5,379,154.
	28 Net assets with donor restrictions	2,956,043.	28	9,141,194.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,871,660.	32	14,520,348.
33 Total liabilities and net assets/fund balances	13,012,787.	33	19,983,663.	

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	16,545,395.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,883,439.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,661,956.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,871,660.
5	Net unrealized gains (losses) on investments	5	6,181.
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	-19,449.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,520,348.

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		
b 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		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12589889.	9497864.	13058914.	15147738.	16406443.	66700848.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12589889.	9497864.	13058914.	15147738.	16406443.	66700848.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						26131266.
6 Public support. Subtract line 5 from line 4.						40569582.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	12589889.	9497864.	13058914.	15147738.	16406443.	66700848.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,793.	24,659.	32,295.	27,073.	47,953.	157,773.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	33,941.		12614170.	43,148.	2,495.	12693754.
11 Total support. Add lines 7 through 10						79552375.
12 Gross receipts from related activities, etc. (see instructions)					12	1,128,186.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	51.00	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	55.18	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "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 officers, 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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
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>		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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

2016 AMOUNT: \$ 4,719.

2018 AMOUNT: \$ 1,003.

2019 AMOUNT: \$ 5,148.

2020 AMOUNT: \$ 55.

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.

2020 AMOUNT: \$ 2,440.

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 for the latest information.

OMB No. 1545-0047

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 DRUG POLICY ALLIANCE	Employer identification number 52-1516692
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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	H. VAN AMERINGEN FOUNDATION 37 WEST 12TH STREET NEW YORK, NY 10011-8559	\$ 6,950,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DRUG POLICY ACTION 131 WEST 33RD STREET, 15TH FLOOR NEW YORK, NY 10001	\$ 2,700,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SILICON VALLEY COMMUNITY FOUNDATION 2440 W EL CAMINO REAL #300 MOUNTAIN VIEW, CA 94040	\$ 875,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PHILIP HARVEY 8008 RIVERSIDE CABIN JOHN, MD 20818	\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PADOSI FOUNDATION 4340 PAHOA AVE HONOLULU, HI 96816	\$ 525,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HENRY VAN AMERINGEN 37 W 12TH ST APT 11E NEW YORK, NY 10011-8559	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
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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
7	<u>U.S. DEPARTMENT OF THE TREASURY</u> <u>1500 PENNSYLVANIA AVENUE, NW</u> <u>WASHINGTON, DC 20220</u>	\$ <u>405,987.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<u>FORD FOUNDATION</u> <u>320 EAST 43RD STREET</u> <u>NEW YORK, NY 10017</u>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<u>HEISING-SIMONS FOUNDATION</u> <u>400 MAIN ST</u> <u>LOS ALTOS, CA 94022-2838</u>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<u>THE SELZ FOUNDATION INC.</u> <u>121 EAST 73RD STREET</u> <u>NEW YORK, NY 10021</u>	\$ <u>337,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
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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 DRUG POLICY ALLIANCE	Employer identification number 52-1516692
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
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

2020

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 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 DRUG POLICY ALLIANCE	Employer identification number 52-1516692
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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) 2020**

LHA
032041 12-02-20

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	78,500.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	326,084.													
c	Total lobbying expenditures (add lines 1a and 1b)	404,584.													
d	Other exempt purpose expenditures	8,820,263.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	9,224,847.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	611,242.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	152,811.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	840,449.	779,995.	711,035.	611,242.	2,942,721.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,414,082.
c Total lobbying expenditures	444,752.	420,208.	661,122.	404,584.	1,930,666.
d Grassroots nontaxable amount	210,112.	194,999.	177,759.	152,811.	735,681.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,103,522.
f Grassroots lobbying expenditures	16,274.	13,986.	340,282.	78,500.	449,042.

Schedule C (Form 990 or 990-EZ) 2020

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>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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 for instructions and the latest information.**

OMB No. 1545-0047

2020

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) 2020

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? <input type="checkbox"/> | 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.	703,800.	3,636,292.
c Leasehold improvements		887,814.	271,100.	616,714.
d Equipment		1,010,218.	890,493.	119,725.
e Other		49,910.		49,910.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,422,641.

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)		
Total. (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)		
Total. (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)	
Total. (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) PAYCHECK PROTECTION PROGRAM LOAN	2,207,400.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,207,400.

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.

1	Total revenue, gains, and other support per audited financial statements		1	16,589,981.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	6,181.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	38,405.	
e	Add lines 2a through 2d	2e		44,586.
3	Subtract line 2e from line 1		3	16,545,395.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	16,545,395.

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.

1	Total expenses and losses per audited financial statements		1	10,941,293.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	57,854.	
e	Add lines 2a through 2d	2e		57,854.
3	Subtract line 2e from line 1		3	10,883,439.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	10,883,439.

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 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF RENTAL EXPENSES TO PART VIII 38,405.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON UNCOLLECTIBLE PLEDGE 19,449.

Part XIII Supplemental Information *(continued)*

RECLASS OF RENTAL EXPENSES TO PART VIII 38,405.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 57,854.

Multiple horizontal lines for supplemental information.

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

(I) NAME OF FUNDRAISER: RMZ HOLDINGS, LLC

(I) ADDRESS OF FUNDRAISER:

1012 14TH STREET NW, SUITE 575, WASHINGTON, DC 20005

Part IV Supplemental Information (continued)

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

FAIRCOM NEW YORK, INC. WAS RETAINED FOR THE CHARITABLE PURPOSE OF FUNDRAISING SOLICITATION THROUGH DIRECT MAILING TO ASSIST IN BROADENING THE PUBLIC DEBATE ON DRUG POLICY, AND TO PROMOTE REALISTIC ALTERNATIVES TO THE WAR ON DRUGS BASED ON SCIENCE, COMPASSION, PUBLIC HEALTH AND HUMAN RIGHTS. THE AGREEMENT PROVIDES FOR THE PAYMENT OF FEES FOR FUNDRAISING SERVICES OF \$9,500 PER MONTH. PRODUCTION COSTS AND OUT-OF-POCKET EXPENSES ARE INVOICED IN ADDITION TO THE FUNDRAISING SERVICES FEE. ANY EXPENSES EXCEEDING FIVE HUNDRED DOLLARS MUST BE APPROVED IN WRITING BY THE ORGANIZATION.

RMZ HOLDINGS, LLC D/B/A KG CONSULTING WAS RETAINED TO DEVELOP A FUNDRAISING PLAN TO SUPPORT THE ORGNAIZATION'S NEW STRATEGIC PLAN, AND TO BUILD A COHERENT AND COMPELLING CASE FOR SUPPORT ACROSS A BROAD CROSS-SECTION OF FUNDERS. THE AGREEMENT PROVIDES FOR THE PAYMENT FOR SERVICES OF \$25,000 AS WELL AS THE REIMBURSEMENT OF EXPENSES IF PRE-APPROVED IN WRITING BY THE ORGANIZATION.

**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 for the latest information.

OMB No. 1545-0047

2020

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A NEW PATH 2527 DOUBLETREE ROAD SPRING VALLEY, CA 91978	33-0883927	501(C)3	25,000.	0.			TO SPEAK OUT ABOUT THE FAILED DRUG WAR, DEVELOPING LEADERSHIP WITH PARENTS DIRECTLY
A NEW WAY OF LIFE REENTRY PROJECT 9512 SOUTH CENTRAL AVENUE LOS ANGELES, CA 90002	95-4782503	501(C)3	25,000.	0.			TO ENGAGE IN STATEWIDE/NATIONAL CRIMINAL JUSTICE ADVOCACY, BRINGING
ATLANTA HARM REDUCTION COALITION P. O. BOX 92670 ATLANTA, GA 30314	58-2227958	501(C)3	15,000.	0.			TO IMPROVE HIV/AIDS AND HCV PUBLIC POLICY THROUGH ADVOCACY AND SYRINGE EXCHANGE DIRECT SERVICE
BROTHERHOOD SISTER, SOL, INC. 140 HAMILTON PLACE NEW YORK, NY 10031	13-3857387	501(C)3	12,000.	0.			TO PROVIDE EDUCATION AND AWARENESS ON THE CURRENT LOCAL, STATE, AND FEDERAL LEGISLATION AROUND DRUG
CALIFORNIA SOCIETY OF ADDICTION MEDICINE (CSAM) - 575 MARKET STREET - SAN FRANCISCO, CA 94105	23-7364605	501(C)3	15,000.	0.			TO ADVOCATE IN THE STATEHOUSE FOR PROPER USE OF MARIJUANA TAX REVENUES; DEVELOP
CENTER FOR LIVING AND LEARNING 14549 ARCHWOOD ST, 221 VAN NUYS, CA 91405	95-4406897	501(C)3	20,000.	0.			HARM REDUCTION SERVICES IN PREPARATION FOR THE DE-CRIM BALLOT MEASURE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **44.**

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) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CHICAGO URBAN LEAGUE 4510 S. MICHIGAN AVENUE CHICAGO, IL 60653	36-2225483	501(C)3	30,000.	0.			TO ADVANCE VARIOUS HARM REDUCTION POLICIES
COLORADO NON PROFIT DEVELOPMENT CENTER - C/O HARM REDUCTION ACTION CENTER, 231 E. COLFAX AVE - DENVER, CO 80203	84-1493585	501(C)3	20,000.	0.			TO IMPLEMENT A DENVER SUPERVISED DRUG USE SITE
DANCESAFE 12081 W ALAMEDA PKWY, #442 LAKEWOOD, CO 80228	94-3365608	501(C)3	15,000.	0.			TO HELP STATE ADVOCATES REFORM PARAPHERNALIA LAWS AND LEGALIZE DRUG CHECKING TOOLS
DRCNET FOUNDATION, INC. 641 HOUSTON AVE #302 TAKOMA PARK, MD 20912	52-2034867	501(C)3	10,000.	0.			TO CONTINUE DRUG WAR CHRONICLE; CONTINUE OUR UN AND HUMAN RIGHTS PROGRAMS
DRUG POLICY FORUM OF HAWAII, INC. P.O.BOX 83 HONOLULU, HI 96810	94-3263242	501(C)3	15,000.	0.			TO UNDERWRITE PUBLIC EDUCATION EXPENSES, INCLUDING WEBINARS, AND TO HELP UNDERWRITE OUR
DRUG POLICY FORUM OF TEXAS C/O DRUG TRUTH NETWORK, 9639 RAILTO HOUSTON, TX 77080	76-0514790	501(C)3	10,000.	0.			LARGE CONSORTIUM OF DRUG POLICY EXPERTS AS INTERVIEWS FOR THREE LONGSTANDING RADIO SHOWS
EL PUNTO EN LA MONTANA 1020 GRAND CONCOURSE, 21-S BRONX, NY 10451	66-0714669	501(C)3	25,000.	0.			SUPPORT FOR STAFFING AND SUPPLIES IN OUR OVERDOSE PREVENTION EFFORTS IN 6 MUNICIPALITIES
EVERGREEN HEALTH 206 S. ELMWOOD AVENUE BUFFALO, NY 14201	16-1202971	501(C)3	20,000.	0.			TO SUPPORT COMMUNITY AND PROVIDER-FOCUSED EDUCATIONAL EVENTS THAT PROMOTE DRUG POLICY
EXPONENTS, INC. C/O NEW YORK STATE HARM REDUCTION ASSOCIATION, 17 BATTERY PLACE, 8TH FLOOR -	13-3572677	501(C)3	15,000.	0.			TO CONTINUE DEVELOPMENT AND FORMATION; GROW MEMBERSHIP, HOLD VIRTUAL TOWN HALLS AND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 PARTNERSHIP, INC. C/O BALTIMORE HARM REDUCTION COALIT BALTIMORE, MD 21202	52-2148413	501(C)3	20,000.	0.			SUPPORT FOR THE GROWTH OF OUR STATEWIDE ADVOCACY FOR HARM REDUCTION
HEALTH EQUITY ALLIANCE 304 HANCOCK STREET SUITE 3B BANGOR, ME 04401	01-0441229	501(C)3	15,000.	0.			HELP FURTHER BUILD AND MAINTAIN HEALS ADVOCACY AND ORGANIZING EFFORTS TO END THE WAR ON DRUGS
HIPS 906 H. STREET NE NE WASHINGTON, DC 20002	45-3164250	501(C)3	25,000.	0.			SUPPORT COMMUNITY ORGANIZING WORK WITH DRUG USERS; CREATE EDUCATIONAL CAMPAIGNS/EVENTS.
HIV EDUCATION AND PREVENTION PROJECT OF ALAMEDA COUNTY - C/O TEXAS HARM REDUCTION ALLIANCE, 1909 E 38TH 1/2 ST, SUITE C -	94-3205535	501(C)3	20,000.	0.			BUILD HARM REDUCTION MOVEMENT IN TEXAS TO ADVANCE LOCAL/STATE LEVEL HARM REDUCTION AND DECRIM
INDEPENDENT MEDIA INSTITUTE 18 WEST 21ST STREET NEW YORK, NY 10010	52-1309876	501(C)3	10,000.	0.			EDUCATE THE PUBLIC THROUGH DIGITAL MEDIA OUTLETS ON LEADING ISSUES FACING THE NATIONAL DRUG
INSTITUTE OF THE BLACK WORLD 21ST CENTURY - P O BOX 5119 - PITTSBURGH, PA 15206	30-0186895	501(C)3	25,000.	0.			SUPPORT ORGANIZING PUBLIC EDUCATION INITIATIVES THROUGH ITS FOUR CITY JUSTICE COLLABORATIVES
INTERCAMBIOS PUERTO RICO 165 CALLE DIEGO ZALDUONDO (ALTOS) FAJARDO, PR 00738	66-0731885	501(C)3	20,000.	0.			CREATE A MORE DRUG USER HEALTH & RIGHTS-FOCUSED CAMPAIGN AIMED FOR DECRIMINALIZING DRUG
INTERFAITH MOVEMENT FOR HUMAN INTEGRITY - ATTN: REV DEBORAH LEE - OAKLAND, CA 94607	91-2076672	501(C)3	20,000.	0.			BUILD LEADERSHIP OF PEOPLE AFFECTED BY THE WAR ON DRUGS AND MEMBERS OF AFRICAN-AMERICAN AND
LATINO JUSTICE PRLDEF 475 RIVERSIDE DRIVE NEW YORK, NY 10115	13-2722664	501(C)3	25,000.	0.			CONTINUE OUR COMMUNICATIONS AND ADVOCACY WORK TO PROMOTE AN END TO THE FAILED WAR

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
LEGAL SERVICES FOR PRISONERS W/ CHILDREN - 4400 MARKET STREET - OAKLAND, CA 94608	94-3080408	501(C)3	25,000.	0.			PROMOTE THE LEADERSHIP OF FORMERLY INCARCERATED INDIVIDUALS THROUGH OUR ELDER FREEMAN POLICY
LITTLEGLOBE, INC P O BOX 24213 SANTA FE, NM 87502	27-0118569	501(C)3	25,000.	0.			CREATE DOCUMENTARY FILMS AND STORIES TO ADVANCE THE DECRIMINALIZATION OF DRUG USE
NEW YORK ACADEMY OF MEDICINE 1216 FIFTH AVENUE NEW YORK, NY 10029	13-1656674	501(C)3	8,000.	0.			FOCUS ON THE IMPACTS OF COVID-19 ON PEOPLE WHO USE DRUGS
PARTNERSHIP FOR SAFETY & JUSTICE ATTN: ANDY KO PORTLAND, OR 97232	93-1277774	501(C)3	15,000.	0.			SUPPORT THE IP44 CAMPAIGN AND IMPLEMENTATION THROUGH OREGONS 2021 LEGISLATIVE SESSION.
PEOPLE'S HARM REDUCTION ALLIANCE 1415 NE 43RD STREET SEATTLE, WA 98105	35-2307112	501(C)3	10,000.	0.			TO BOLSTER SAFER SMOKING ADVOCACY AND ACCESS THROUGHOUT COMMUNITIES NATIONALLY
PROTECT FAMILIES FIRST 11 ALMY STREET PROVIDENCE, RI 02909	46-0545147	501(C)3	15,000.	0.			TO CONTINUE OUR DEFELONIZATION CAMPAIGN; ADVOCATE FOR A SAFE CONSUMPTION SITE;
PUBLIC DEFENDER ASSOCIATION 110 PREFONTAINE PLACE SOUTH SEATTLE, WA 98104	91-0852323	501(C)3	20,000.	0.			WORK WITH SYRINGE EXCHANGES, HEALTHCARE PROVIDERS, AND DIRECTLY IMPACTED PEOPLE ACROSS
SALVATION AND SOCIAL JUSTICE 320 COURTLAND STREET WOODBURY, NJ 08096	83-1019858	501(C)3	25,000.	0.			MONITOR THE REGULATIONS AND DEVELOPMENT OF THE CANNABIS COMMISSION; EDUCATE THE PUBLIC IN NJ
SAMUEL DEWITT PROCTOR CONFERENCE, INC. - 4533 S. LAKE PARK AVE. - CHICAGO, IL 60653	06-1707903	501(C)3	20,000.	0.			VIRTUAL EDUCATION AND ADVOCACY CAPACITY TO EQUIP OUR NETWORK TO INFLUENCE DRUG POLICY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 170 TURK STREET SAN FRANCISCO, CA 94102	46-5106485	501(C)3	40,000.	0.			TO TEACH ADVOCACY AND EMPLOYMENT FOR OUR COMMUNITY OF DRUG USERS
SOCIAL AND ENVIROMENTAL ENTREPRENEURS - C/O MOVEMENT FOR FAMILY POWER, 1207 F STREET NE - WASHINGTON, DC 20002	95-4116679	501(C)3	20,000.	0.			TO CONTINUE A CAMPAIGN TO RAISE AWARENESS OF THE INJUSTICE OF DRUG TESTING AT BIRTH AND THE FEEDING
SOCIAL GOOD FUND C/O THE HOOD INCUBATOR, 22 DEERING OAKLAND, CA 94601	46-1323531	501(C)3	20,000.	0.			POLICY AND ORGANIZING WORK, E.G. NATIONAL AFFILIATES & COALITION-BUILDING
SOUTHERNERS ON NEW GROUND C/O BLACK FUTURISTS GROUP, 1489 ASH ATLANTA, GA 30344	61-1274170	501(C)3	20,000.	0.			CONTINUE TO DEVELOP & ADVANCE EQUITABLE CANNABIS POLICY IN GEORGIA
TEXAS CRIMINAL JUSTICE COALITION 1714 FORTVIEW ROAD, SUITE 104 AUSTIN, TX 78704	74-2969471	501(C)3	20,000.	0.			REDUCE POLICE SATURATION IN TARGETED COMMUNITIES, PROMOTE NON-PROSECUTION OF DRUG USE, FUND
THE ORDINARY PEOPLE SOCIETY (TOPS) 403 WEST POWELL STREET DOTHAN, AL 36303	82-0587071	501(C)3	25,000.	0.			TO PROVIDE CONTINUED GENERAL SUPPORT OF TOPS AND ITS FOUNDER PASTOR KENNETH GLASGOW, AT A
TRUTH PHARM PO BOX 424 BINGHAMTON, NY 13902	81-0718278	501(C)3	30,000.	0.			TO BUILD OUR CAPACITY AND ABILITY TO RESPOND TO THE ADVOCACY NEEDS LOCALLY AND AT THE STATE LEVEL.
UNITE OREGON 1390 SE 122ND AVE PORTLAND, OR 97233	74-3098100	501(C)3	20,350.	0.			TO BETTER TREATMENT CAMPAIGN
VOCAL-NY 80A FOURTH AVENUE BROOKLYN, NY 11217	13-4094385	501(C)3	52,500.	0.			TO CAMPAIGN FOR THE FOLLOWING DRUG POLICY REFORMS: UNIVERSAL ACCESS TO HARM REDUCTION TOOLS,

Schedule I (Form 990)

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

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 \$785,000 OVER THE COURSE OF THE FISCAL YEAR; AND THE MONTHLY SPECIAL OPPORTUNITIES PROGRAM, WHICH HAS THE CAPACITY TO GRANT \$100,000 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; LIST OF BOARD MEMBERS; 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 FULL-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 APPLICATIONS AND THEIR RECOMMENDATIONS TO A SIX-PERSON REVIEW COMMITTEE COMPRISED OF DPA BOARD MEMBERS, 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 AND QUARTERLY PARTNERS CALLS TO DISCUSS THEIR PROJECTS AND OUTCOMES. AT THE END OF THE GRANT CYCLE, ALL GRANTEES SUBMIT A FINAL NARRATIVE AND EXPENDITURE REPORT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: A NEW PATH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SPEAK OUT ABOUT THE FAILED DRUG WAR, DEVELOPING LEADERSHIP WITH PARENTS DIRECTLY IMPACTED BY LOSS OF OVERDOSE

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENGAGE IN STATEWIDE/NATIONAL

Part IV Supplemental Information

CRIMINAL JUSTICE ADVOCACY, BRINGING ATTENTION TO THE WAR ON DRUGS

VICTIMIZATION OF WOMEN AND GIRLS.

NAME OF ORGANIZATION OR GOVERNMENT: ATLANTA HARM REDUCTION COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE HIV/AIDS AND HCV PUBLIC POLICY THROUGH ADVOCACY AND SYRINGE EXCHANGE DIRECT SERVICE ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: BROTHERHOOD SISTER, SOL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EDUCATION AND AWARENESS ON THE CURRENT LOCAL, STATE, AND FEDERAL LEGISLATION AROUND DRUG POLICY

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA SOCIETY OF ADDICTION MEDICINE (CSAM)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVOCATE IN THE STATEHOUSE FOR PROPER USE OF MARIJUANA TAX REVENUES; DEVELOP APPROPRIATE YOUTH SERVICES; ONE DAY WORKING CONFERENCE.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO UNDERWRITE PUBLIC EDUCATION EXPENSES, INCLUDING WEBINARS, AND TO HELP UNDERWRITE OUR PART-TIME ORGANIZER POSITION.

NAME OF ORGANIZATION OR GOVERNMENT: EVERGREEN HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMUNITY AND PROVIDER-FOCUSED EDUCATIONAL EVENTS THAT PROMOTE DRUG POLICY REFORM

NAME OF ORGANIZATION OR GOVERNMENT: EXPONENTS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE DEVELOPMENT AND

Part IV Supplemental Information

FORMATION; GROW MEMBERSHIP, HOLD VIRTUAL TOWN HALLS AND UPSTATE/DOWNSTATE RECEPTIONS

NAME OF ORGANIZATION OR GOVERNMENT:

HIV EDUCATION AND PREVENTION PROJECT OF ALAMEDA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD HARM REDUCTION MOVEMENT IN TEXAS TO ADVANCE LOCAL/STATE LEVEL HARM REDUCTION AND DECRIM POLICIES.

NAME OF ORGANIZATION OR GOVERNMENT: INDEPENDENT MEDIA INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATE THE PUBLIC THROUGH DIGITAL MEDIA OUTLETS ON LEADING ISSUES FACING THE NATIONAL DRUG REFORM

NAME OF ORGANIZATION OR GOVERNMENT: INTERCAMBIOS PUERTO RICO

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATE A MORE DRUG USER HEALTH & RIGHTS-FOCUSED CAMPAIGN AIMED FOR DECRIMINALIZING DRUG USERS

NAME OF ORGANIZATION OR GOVERNMENT:

INTERFAITH MOVEMENT FOR HUMAN INTEGRITY

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD LEADERSHIP OF PEOPLE AFFECTED BY THE WAR ON DRUGS AND MEMBERS OF AFRICAN-AMERICAN AND ALLIED CONGREGATIONS

NAME OF ORGANIZATION OR GOVERNMENT: LATINO JUSTICE PRLDEF

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUE OUR COMMUNICATIONS AND ADVOCACY WORK TO PROMOTE AN END TO THE FAILED WAR ON DRUGS

NAME OF ORGANIZATION OR GOVERNMENT:

LEGAL SERVICES FOR PRISONERS W/ CHILDREN

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE THE LEADERSHIP OF FORMERLY INCARCERATED INDIVIDUALS THROUGH OUR ELDER FREEMAN POLICY FELLOWSHIP PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: PROTECT FAMILIES FIRST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE OUR DEFELONIZATION CAMPAIGN; ADVOCATE FOR A SAFE CONSUMPTION SITE; STATEWIDE CANNABIS LEGALIZATION

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC DEFENDER ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: WORK WITH SYRINGE EXCHANGES, HEALTHCARE PROVIDERS, AND DIRECTLY IMPACTED PEOPLE ACROSS WASHINGTON STATE

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION AND SOCIAL JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: MONITOR THE REGULATIONS AND DEVELOPMENT OF THE CANNABIS COMMISSION; EDUCATE THE PUBLIC IN NJ ABOUT DRUG DECRIMINALIZATION.

NAME OF ORGANIZATION OR GOVERNMENT:

SAMUEL DEWITT PROCTOR CONFERENCE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: VIRTUAL EDUCATION AND ADVOCACY CAPACITY TO EQUIP OUR NETWORK TO INFLUENCE DRUG POLICY REFORM.

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL AND ENVIROMENTAL ENTREPRENEURS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE A CAMPAIGN TO RAISE AWARENESS OF THE INJUSTICE OF DRUG TESTING AT BIRTH AND THE FEEDING OF CHILDREN INTO THE FOSTER SYSTEM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS CRIMINAL JUSTICE COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: REDUCE POLICE SATURATION IN TARGETED COMMUNITIES, PROMOTE NON-PROSECUTION OF DRUG USE, FUND STRATEGIES THAT PREVENT INCARCERATION

NAME OF ORGANIZATION OR GOVERNMENT: THE ORDINARY PEOPLE SOCIETY (TOPS)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CONTINUED GENERAL SUPPORT OF TOPS AND ITS FOUNDER PASTOR KENNETH GLASGOW, AT A TIME WHEN BOTH THE ORGANIZATION, ITS FOUNDER, AND THE RESOURCES AND CAPACITY REQUIRED TO CONTINUE THE WORK OF FIGHTING THE DRUG WAR IN THE DEEP SOUTH ARE UNDER THE MOST SERIOUS THREAT.

NAME OF ORGANIZATION OR GOVERNMENT: TRUTH PHARM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD OUR CAPACITY AND ABILITY TO RESPOND TO THE ADVOCACY NEEDS LOCALLY AND AT THE STATE LEVEL. TO ENSURE WE DONT LOSE GROUND AND CONTINUE THE MOMENTUM FOR CHANGE IN OUR REGION TO REDUCE RACISM, INCARCERATION AND TO END THE DRUG WAR.

NAME OF ORGANIZATION OR GOVERNMENT: VOCAL-NY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CAMPAIGN FOR THE FOLLOWING DRUG POLICY REFORMS: UNIVERSAL ACCESS TO HARM REDUCTION TOOLS, UNIVERSAL ACCESS TO MEDICATION ASSISTED TREATMENT (MAT), AND SECURING CRITICAL RESOURCES AND WINNING LEGISLATION FOR VULNERABLE POPULATIONS DURING COVID-19 AND GALA SPONSORSHIP

NAME OF ORGANIZATION OR GOVERNMENT: WILLIAM C. VELAZQUEZ INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCORPORATE HARM REDUCTION,

Part IV Supplemental Information

TREATING DRUG USE AS A HEALTH ISSUE, INSTEAD OF A CRIMINAL ONE. AS
DESCRIBED BY DPA AS A MORE SUCCESSFUL MODEL FOR KEEPING COMMUNITIES
HEALTHY AND SAFE, WHICH IS KEY TO WCVIS MISSION.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2020

Open to Public Inspection

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 checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" 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
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2020

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) RICHARD BURNS, INTERIM EXECUTIVE DIRECTOR UNTIL SEPT 2020	(i)	216,000.	0.	0.	0.	0.	216,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KASSANDRA FREDERIQUE, MD POLICY UNTIL SEPT 2020/EXECUTIVE DIRECTOR	(i)	176,675.	0.	150.	16,313.	15,642.	208,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELLEN FLENNIKEN MANAGING DIRECTOR, DEVELOPMENT	(i)	141,797.	0.	144.	15,500.	46,963.	204,404.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) EMILY KALTENBACH, SENIOR DIRECTOR, CRIMINAL LEGAL & POLICING	(i)	135,205.	0.	270.	12,929.	44,242.	192,646.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) THESHIA NAIDOO LEGAL DIRECTOR, LEGAL AFFAIRS	(i)	152,552.	0.	270.	14,895.	7,593.	175,310.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JULIE NETHERLAND MANAGING DIRECTOR, DRAE	(i)	143,493.	0.	414.	7,424.	15,777.	167,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEFANIE JONES, INTERIM MANAGING DIRECTOR, COMMS	(i)	136,654.	0.	169.	13,571.	5,968.	156,362.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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 for the latest information.

OMB No. 1545-0047

2020

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:

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 PEOPLE EACH YEAR. 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 36 STAFF, 12,000 MEMBERS, 175,000 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:

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
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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 OVER ONE MILLION ARRESTS IN 2020 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 100,000 PEOPLE DIED OF AN OVERDOSE DURING THE 12 MONTHS ENDING IN APRIL 2021, 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 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 317,000 ARRESTS FOR CANNABIS POSSESSION IN 2020. THE CONSEQUENCES OF AN ARREST CAN BE SEVERE, LEADING TO LOSS OF EMPLOYMENT, HOUSING, PARENTAL RIGHTS, IMMIGRATION STATUS, AND FINANCIAL AID. DPA PROMOTES SENSIBLE POLICIES TO REDUCE THE NUMBER OF ARRESTS AND TO

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
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LEGALLY REGULATE CANNABIS FOR MEDICAL AND ADULT-USE PURPOSES.

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

- 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 ACCESS BECAME FURTHER RESTRICTED BY 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 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
- 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:

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
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THE COVID-19 PANDEMIC).

HIGHLIGHTS FROM THE PAST YEAR:

- SUPPORTED 39 ORGANIZATIONS THROUGH OUR ADVOCACY GRANTS PROGRAM
- SUPPORTED 4 ORGANIZATIONS THROUGH OUR SPECIAL OPPORTUNITIES GRANTS PROGRAM
- 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:

- LAUNCHING "UPROOTING THE DRUG WAR", A SERIES OF REPORTS, WEBINARS, AND AN INTERACTIVE WEBSITE THAT AIM TO EXPOSE THE IMPACT OF THE WAR ON DRUGS BEYOND ARREST AND INCARCERATION
- RUNNING A SEVEN-PART DISCUSSION SERIES ON COVID-19 AND DRUG POLICY, BRINGING TOGETHER ADVOCATES AND ALLIES IN THE JUSTICE REFORM MOVEMENT TO DISCUSS HOW TO SUSTAIN PROGRESS, WHICH OBSTACLES STILL REMAIN, AND HOW TO USE THE MOMENT TO BE MORE ASPIRATIONAL WITH OUR POLICY AGENDAS
- GENERATING MEDIA COVERAGE OF OUR ISSUES AND CAMPAIGN AND EDUCATING OUR MEMBERS THROUGH SOCIAL MEDIA AND OTHER CREATIVE COMMUNICATIONS CAMPAIGNS
- RESPONDING IN THE PRESS TO THE MISUSE OF RESEARCH THAT UNDERMINES REFORM
- DISSEMINATING "SAFETY FIRST: REAL DRUG EDUCATION FOR TEENS," A FIRST-OF-ITS-KIND HARM REDUCTION-BASED DRUG EDUCATION CURRICULUM FOR

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
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YOUNG PEOPLE, AND ADAPTING THE CURRICULUM FOR DISTANCE LEARNING DURING
THE PANDEMIC

- 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 AND SPECIAL PROJECTS.

EXPENSES \$ 2,547,511. INCLUDING GRANTS OF \$ 23,500. REVENUE \$ 0.

THE ORGANIZATION HAS A SERVICES AGREEMENT WITH DRUG POLICY ACTION, A
RELATED ORGANIZATION.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 119,053.

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

DRUG POLICY ALLIANCE ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE FORM
990. THE FORM 990 IS PROVIDED AND PRESENTED TO DRUG POLICY ALLIANCE'S AUDIT
& FINANCE COMMITTEE, AFTER DRUG POLICY ALLIANCE'S 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:

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

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

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 & FINANCE 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 & FINANCE 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 15A:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR BASED ON HER BACKGROUND AND EXPERIENCE, EDUCATION AND TRAINING, AND COMPETENCIES. IN DETERMINING THE EXECUTIVE DIRECTOR'S COMPENSATION, THE EXECUTIVE COMMITTEE CONSULTED AVAILABLE COMPENSATION SURVEYS, INCLUDING THOSE PUBLISHED BY NONPROFIT NEW YORK AND THE NEW YORK COUNCIL OF NONPROFITS. THE COMPENSATION DECISION DOCUMENTED IN THE RECORDS OF THE ORGANIZATION. THIS PROCESS WAS LAST COMPLETED IN FISCAL YEAR 2021.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
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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
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. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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

LOSS ON UNCOLLECTIBLE PLEDGE -19,449.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT & FINANCE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR 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 for instructions and the latest information.

OMB No. 1545-0047

2020

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 III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s 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	2,700,000.	COST
(2) DRUG POLICY ACTION	Q	119,053.	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 providing supplemental information.