

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

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

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **JUN 1, 2018** and ending **MAY 31, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DRUG POLICY ALLIANCE</b>		<b>D</b> Employer identification number <b>52-1516692</b>
	Doing business as		<b>E</b> Telephone number <b>(212) 613-8040</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>26,347,068.</b>
	<b>131 W. 33RD STREET, 15TH FLOOR</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10001</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>RICHARD BURNS</b> <b>SAME AS C ABOVE</b>			If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>HTTP://WWW.DRUGPOLICY.ORG/</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>2000</b> <b>M</b> State of legal domicile: <b>DC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE DRUG POLICY ALLIANCE WORKED TO END THE WAR ON DRUGS AND BUILD IN ITS PLACE AN ALTERNATIVE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>86</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>14</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>9,507,128.</b>	<b>Current Year</b> <b>13,058,914.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>204,912.</b>	<b>214,495.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>19,899.</b>	<b>19,884.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>7,002.</b>	<b>12,614,170.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>9,738,941.</b>	<b>25,907,463.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>976,778.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>7,788,441.</b>	<b>7,684,878.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>222,560.</b>	<b>221,499.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>1,805,913.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>6,618,773.</b>	<b>5,391,713.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>15,606,552.</b>	<b>14,397,540.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-5,867,611.</b>	<b>11,509,923.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>10,624,414.</b>	<b>End of Year</b> <b>9,271,066.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>15,789,105.</b>	<b>2,978,719.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>-5,164,691.</b>	<b>6,292,347.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date	
	<b>RICHARD BURNS, INTERIM EXECUTIVE DIRECTOR</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARRETT M. HIGGINS</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN <b>P00543209</b>
	Firm's name <b>PKF O'CONNOR DAVIES, LLP</b>	Firm's EIN <b>27-1728945</b>	Phone no. <b>212-286-2600</b>	
Firm's address <b>665 FIFTH AVENUE</b> <b>NEW YORK, NY 10022</b>				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

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

4a (Code: ) (Expenses \$ 4,427,643. including grants of \$ ) (Revenue \$ 6,195.)

REFORMING PUBLIC POLICY -

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

HIGHLIGHTS FROM THE PAST YEAR CONTINUED IN SCHEDULE O

4b (Code: ) (Expenses \$ 1,774,999. including grants of \$ 1,099,450.) (Revenue \$ )

BUILDING GRASSROOTS POWER AND THE REFORM MOVEMENT -

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

HIGHLIGHTS FROM THE PAST YEAR CONTINUED IN SCHEDULE O

4c (Code: ) (Expenses \$ 1,103,287. including grants of \$ ) (Revenue \$ 12,287.)

SHIFTING THE NARRATIVE AND EDUCATING THE PUBLIC -

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

HIGHLIGHTS FROM THE PAST YEAR CONTINUED IN SCHEDULE O

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

(Expenses \$ 2,480,250. including grants of \$ ) (Revenue \$ 196,013.)

4e Total program service expenses 9,786,179.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
<b>3</b> 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>		<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	
<b>5</b> 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>		<input checked="" type="checkbox"/>
<b>6</b> 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>		<input checked="" type="checkbox"/>
<b>7</b> 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>		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
<b>9</b> 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>		<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> 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>	<input checked="" type="checkbox"/>	
<b>b</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>		<input checked="" type="checkbox"/>
<b>c</b> 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>		<input checked="" type="checkbox"/>
<b>d</b> 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>		<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
<b>f</b> 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>	<input checked="" type="checkbox"/>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	
<b>b</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>		<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
<b>b</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>		<input checked="" type="checkbox"/>
<b>15</b> 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>		<input checked="" type="checkbox"/>
<b>16</b> 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>		<input checked="" type="checkbox"/>
<b>17</b> 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>	<input checked="" type="checkbox"/>	
<b>18</b> 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>		<input checked="" type="checkbox"/>
<b>19</b> 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>		<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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>	<input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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 (15), 1b (14), 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 in 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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) IRA GLASSER PRESIDENT	2.00 2.00	X		X				0.	0.	0.
(2) REV. EDWIN SANDERS SECRETARY	2.00	X		X				0.	0.	0.
(3) CHRISTINE DOWNTON DIRECTOR	1.00 1.00	X						0.	0.	0.
(4) JODIE EVANS DIRECTOR	1.00	X						0.	0.	0.
(5) JAMES E. FERGUSON, II DIRECTOR	1.00	X						0.	0.	0.
(6) JOY FISHMAN DIRECTOR	1.00	X						0.	0.	0.
(7) JASON FLOM DIRECTOR	1.00	X						0.	0.	0.
(8) KENNETH HERTZ DIRECTOR	1.00	X						0.	0.	0.
(9) DEREK (OSCAR) HODEL DIRECTOR	1.00 1.00	X					11,250.	0.	0.	0.
(10) DAVID C. LEWIS, MD DIRECTOR	1.00 1.00	X					0.	0.	0.	0.
(11) PAMELA LICHTY DIRECTOR	1.00	X					0.	0.	0.	0.
(12) ANGELA PACHECO DIRECTOR	1.00	X					0.	0.	0.	0.
(13) JOSIAH RICH, MD DIRECTOR	1.00	X					0.	0.	0.	0.
(14) GEORGE SOROS DIRECTOR	1.00	X					0.	0.	0.	0.
(15) ILONA SZABO DE CAVALHO DIRECTOR	1.00	X					0.	0.	0.	0.
(16) MARIA MCFARLAND EXECUTIVE DIRECTOR	40.00 8.00			X			248,523.	0.	21,603.	
(17) RYAN CHAVEZ MANAGING DIR. FINANCE & ADMIN	40.00			X			170,708.	0.	23,236.	

**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) ALICE BROWN MANAGING DIRECTOR, POLICY	40.00					X	148,051.	0.	20,305.	
(19) ELLEN FLENNIKEN MANAGING DIRECTOR, DEVELOPMENT	40.00					X	142,268.	0.	15,172.	
(20) TAMAR TODD MANAGING DIRECTOR, LEGAL AFFAIRS	40.00					X	140,906.	0.	20,754.	
(21) TONY NEWMAN DIRECTOR, MEDIA RELATIONS	40.00					X	137,970.	0.	17,244.	
(22) ROSEANNE SCOTTI STATE DIRECTOR - NJ	40.00					X	137,598.	0.	27,985.	
<b>1b Sub-total</b>							1,137,274.	0.	146,299.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							1,137,274.	0.	146,299.	

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or 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
PROMPT DIRECT 10 NEW ENGLAND AVENUE, PISCATAWAY, NJ 08854	MULTI-CHANNELING MARKETING SOLUTIONS	256,877.
SANKY COMMUNICATIONS, INC. 599 11TH AVENUE, 6TH FL, NEW YORK, NY 10036	ON LINE MARKETING & CONSULTING	207,350.
JACKSON RIVER, 2534 13TH STREET NW, #005, WASHINGTON, DC 20009	WEBSITE SUPPORT	118,451.
GLENN BACKES 2916 FRANKLIN BLVD, SACRAMENTO, CA 95818	LOBBYING	117,548.

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 **4**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	716,863.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	6,500,000.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	5,842,051.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		59,735.				
	<b>h Total.</b> Add lines 1a-1f .....		13,058,914.				
	<b>Program Service Revenue</b>	<b>2 a</b> DRUG POLICY ACTION ADMIN	<b>Business Code</b> 561110	196,013.	196,013.		
<b>b</b> PUBLICATIONS AND VIDEOS		611710	12,287.	12,287.			
<b>c</b> REGISTRATION AND CONFERENCE INCOM		611710	6,195.	6,195.			
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			214,495.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		24,020.			24,020.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	8,275.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	8,275.				
		<b>c</b> Rental income or (loss) .....	0.				
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	427,194.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	431,330.				
		<b>c</b> Gain or (loss) .....	-4,136.				
	<b>d</b> Net gain or (loss) .....		-4,136.			-4,136.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> LOAN FORGIVENESS	900099	12,613,167.			12,613,167.		
<b>b</b> OTHER INCOME	900099	1,003.			1,003.		
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		12,614,170.					
<b>12 Total revenue.</b> See instructions .....		25,907,463.	214,495.	0.	12,634,054.		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,099,450.	1,099,450.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	484,320.	173,904.	252,448.	57,968.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	19,725.		19,725.	
<b>7</b> Other salaries and wages .....	5,645,266.	4,084,462.	905,609.	655,195.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	337,901.	246,572.	54,051.	37,278.
<b>9</b> Other employee benefits .....	732,773.	509,596.	143,281.	79,896.
<b>10</b> Payroll taxes .....	464,893.	320,776.	92,979.	51,138.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....	74,189.	51,170.	23,019.	
<b>b</b> Legal .....	259,728.	17,000.	242,728.	
<b>c</b> Accounting .....	44,188.		44,188.	
<b>d</b> Lobbying .....	377,824.	377,824.		
<b>e</b> Professional fundraising services. See Part IV, line 17	221,499.			221,499.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	29,828.	1,775.	515.	27,538.
<b>12</b> Advertising and promotion .....	142,989.	21,448.		121,541.
<b>13</b> Office expenses .....	808,608.	289,177.	130,323.	389,108.
<b>14</b> Information technology .....	273,726.	206,927.	48,933.	17,866.
<b>15</b> Royalties .....	27,414.			27,414.
<b>16</b> Occupancy .....	1,021,763.	717,450.	250,504.	53,809.
<b>17</b> Travel .....	738,527.	567,822.	143,976.	26,729.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	305,221.	205,239.	87,275.	12,707.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	219,818.		219,818.	
<b>23</b> Insurance .....	98,791.	3,295.	95,496.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>PROGRAM FEES</b>	695,700.	674,829.	6,957.	13,914.
<b>b</b> <b>MEMBERSHIP/SUBSCRIPTION</b>	139,570.	130,823.	4,084.	4,663.
<b>c</b> <b>MAINTENANCE AND REPAIRS</b>	112,709.	86,623.	18,437.	7,649.
<b>d</b> <b>BOARD EXPENSES</b>	21,099.		21,099.	
<b>e</b> All other expenses	21.	17.	3.	1.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	14,397,540.	9,786,179.	2,805,448.	1,805,913.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	771,973.	182,681.	0.	589,292.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	43,233.	<b>1</b>	51,793.
	<b>2</b> Savings and temporary cash investments .....	1,111,503.	<b>2</b>	43,101.
	<b>3</b> Pledges and grants receivable, net .....	3,379,288.	<b>3</b>	3,629,846.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	17,472.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	99,540.	<b>9</b>	86,172.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,375,822.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,428,021.		
	<b>11</b> Investments - publicly traded securities .....	721,986.	<b>11</b>	383,181.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	109,205.	<b>15</b>	111,700.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	10,624,414.	<b>16</b>	9,271,066.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	548,589.	<b>17</b>	441,731.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,627,349.	<b>23</b>	2,536,988.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	12,613,167.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	15,789,105.	<b>26</b>	2,978,719.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	-9,946,280.	<b>27</b>	2,157,911.
	<b>28</b> Temporarily restricted net assets .....	4,781,589.	<b>28</b>	4,134,436.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	-5,164,691.	<b>33</b>	6,292,347.	
<b>34</b> Total liabilities and net assets/fund balances .....	10,624,414.	<b>34</b>	9,271,066.	

**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	25,907,463.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,397,540.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,509,923.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-5,164,691.
5	Net unrealized gains (losses) on investments	5	15,518.
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 in Schedule O)	9	-68,403.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,292,347.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
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:  
 Separate basis  Consolidated basis  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? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in 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? .....
- 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 in Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	14070325.	9796994.	12589889.	9507128.	13058914.	59023250.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	14070325.	9796994.	12589889.	9507128.	13058914.	59023250.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						17113053.
<b>6 Public support.</b> Subtract line 5 from line 4.						41910197.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	14070325.	9796994.	12589889.	9507128.	13058914.	59023250.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	16,812.	23,381.	25,793.	24,659.	32,295.	122,940.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	190,767.	23,205.	33,941.		12614170.	12862083.
<b>11 Total support.</b> Add lines 7 through 10						72008273.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,227,049.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	58.20	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	75.36	%
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**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**

2014 AMOUNT: \$ 1,501.

2015 AMOUNT: \$ 15,905.

2016 AMOUNT: \$ 4,719.

2018 AMOUNT: \$ 1,003.

**HONORARIUMS AND REBATE**

2014 AMOUNT: \$ 1,310.

**OTHER REIMBURSEMENT**

2014 AMOUNT: \$ 41,355.

**DRUG POLICY ACTION ADMIN. FEE**

2014 AMOUNT: \$ 145,911.

**SCHOLARSHIP APPLICATION FEE**

2014 AMOUNT: \$ 690.

2015 AMOUNT: \$ 7,300.

**REFORM CONF. REIMBURSEMENT**

2016 AMOUNT: \$ 29,222.

**LOAN FORGIVENESS**

2018 AMOUNT: \$ 12,613,167.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2018**

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  <b>DRUG POLICY ALLIANCE</b>	Employer identification number  <b>52-1516692</b>
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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	<hr/> <hr/> <hr/>	\$ <u>6,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,342,804.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <b>DRUG POLICY ALLIANCE</b>	Employer identification number <b>52-1516692</b>
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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) 2018**

LHA  
832041 11-08-18

**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												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	13,986.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	406,222.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	420,208.													
<b>d</b>	Other exempt purpose expenditures	12,179,694.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	12,599,902.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	779,995.													
<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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	194,999.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	760,947.	800,585.	840,449.	779,995.	3,181,976.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,772,964.
<b>c</b> Total lobbying expenditures	510,382.	435,655.	444,752.	420,208.	1,810,997.
<b>d</b> Grassroots nontaxable amount	190,237.	200,146.	210,112.	194,999.	795,494.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,193,241.
<b>f</b> Grassroots lobbying expenditures	11,612.	16,274.	16,274.	13,986.	58,146.

Schedule C (Form 990 or 990-EZ) 2018

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

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

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

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

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

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

**Part IV Supplemental Information**

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2018**  
**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 (e.g., 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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) 2018

**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 are a 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 programs
  - 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 Temporarily restricted endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,340,092.	469,200.	3,870,892.
c Leasehold improvements		975,602.	237,621.	737,981.
d Equipment		1,010,218.	721,200.	289,018.
e Other		49,910.		49,910.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>4,947,801.</b>

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	25,862,853.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	15,518.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	8,275.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	23,793.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	25,839,060.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	68,403.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	68,403.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	25,907,463.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	14,405,815.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	8,275.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	8,275.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	14,397,540.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	14,397,540.

**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 2016.

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

RECLASS OF RENTAL EXPENSES TO PART VIII 8,275.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

RESCINDED GRANTS 68,403.

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

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF RENTAL EXPENSES TO PART VIII 8,275.





**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: SANKY COMMUNICATIONS, INC.

(I) ADDRESS OF FUNDRAISER: 599 ELEVENTH AVENUE, 6TH FL, NEW YORK, NY 10036

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

SANKY COMMUNICATIONS, INC. WAS RETAINED FOR THE CHARITABLE PURPOSE OF

FUNDRAISING SOLICITATION THROUGH DIRECT MAILING TO ASSIST DPA'S WORK IN BROADENING THE PUBLIC DEBATE ON DRUG POLICY AND TO PROMOTE REALISTIC

**Part IV** Supplemental Information (continued)

ALTERNATIVES TO WAR ON DRUGS BASED ON SCIENCE, COMPASSION, PUBLIC HEALTH AND HUMAN RIGHTS. THE ORGANIZATION DISTINGUISHES BETWEEN PAYMENT FOR CONSULTING FEES AND EXPENSE REIMBURSEMENT WITH SANKY COMMUNICATIONS, INC. BASED ON SPECIFIC CONTRACT ARRANGEMENTS AND ITEMIZED INVOICING. SANKY COMMUNICATIONS, INC. ALSO DESIGNS AND SUPERVISES AN ONLINE FUNDRAISING PROGRAM FOR DRUG POLICY ALLIANCE.

ANNUAL RETAINER FEE IS \$135,960 AND IS PAYABLE IN MONTHLY PAYMENTS OF \$11,330. THE CONTRACT ALSO INCLUDES \$40,337.50 IN DIRECT MAIL COPY, DESIGN, AND PRODUCTIONS COSTS BILLED IN MONTHLY PAYMENTS OF \$3,361.46 AND \$65,709 IN ONLINE COPY, DESIGN, AND PRODUCTION COSTS BILLED IN MONTHLY PAYMENTS OF \$5,475.75. ANY RESPONSIBLE DIRECT EXPENSES INCURRED ON BEHALF OF DPA WILL BE BILLED SEPARATELY. THESE FEES INCLUDE, BUT ARE NOT LIMITED TO, COURIER SERVICE, MATERIALS SHIPPING, PURCHASING OF PHOTOS, DOMAIN REGISTRATION COSTS AND ALL RELATED TRAVEL EXPENSES.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A NEW PATH 2527 DOUBLETREE ROAD SPRING VALLEY, CA 91978	33-0883927	501(C)3	53,500.	0.	N/A	N/A	1) TO SUPPORT OUR EXPANDING LOCAL, STATE AND NATIONAL CAMPAIGNS AND PROJECTS AND 2) TO
A NEW WAY OF LIFE P.O. BOX 875288 LOS ANGELES, CA 90087	95-4782503	501(C)3	50,000.	0.	N/A	N/A	1) TO PROMOTE EFFECTIVE OUTCOMES WILL OCCUR THROUGH AN EMERGING SLATE OF INITIATIVES ADVOCATING
ALTERNET 18 W. 21ST ST., SUITE 901, NEW YORK, NY 10010	52-1309876	501(C)3	15,000.	0.	N/A	N/A	TO SUSTAIN AND DEVELOP ITS DRUGS COVERAGECURRENT AND QUALITY MEDIA OFFERED IN A VARIETY OF DIGITAL
ATLANTA HARM REDUCTION COALITION P.O. BOX 92670 ATLANTA, GA 30314	58-2227958	501(C)3	15,000.	0.	N/A	N/A	TO IMPROVE HIV/AIDS AND HCV PUBLIC POLICY THROUGH ADVOCACY AND SYRINGE EXCHANGE DIRECT SERVICE
BROTHERHOOD/SISTER SOL, INC. 512 W. 143RD STREET NEW YORK, NY 10031	13-3857387	501(C)3	20,000.	0.	N/A	N/A	TO SUPPORT THE DECARCERAL EDUCATION PROJECT (DEP).
CALIFORNIA SOCIETY OF ADDICTION MEDICINE, INC. - 575 MARKET ST STE 2125 - SAN FRANCISCO, CA 94105-2870	23-7364605	501(C)3	15,000.	0.	N/A	N/A	TO SUPPORT FOR IMPORTANT HARM REDUCTION INITIATIVES LIKE SUPERVISED INJECTION

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 49.**

**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.

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

Schedule I (Form 990) (2018)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL AREA REENTRY SERVICES, INC. (CARP) - P.O. BOX 74772 - BATON ROUGE, LA 70874	06-1793810	501(C)3	25,000.	0.	N/A	N/A	TO PROVIDE ACCESS TO CLEAN INJECTION KITS, EDUCATION MATERIAL, AND REFERRALS TO RURAL AREAS
CENTER FOR LIVING AND LEARNING 14549 ARCHWOOD STREET, #221 VAN NUYS, CA 91405	95-4406897	501(C)3	18,000.	0.	N/A	N/A	TO ADDRESS THE NEED TO CHANGE THE CULTURE OF TREATMENT AND RE-ENTRY PROVIDERS FROM WITHIN THE
CHICAGO RECOVERY ALLIANCE 3110 W TAYLOR STREET CHICAGO, IL 60612	36-3809778	501(C)3	25,000.	0.	N/A	N/A	TO INCREASE THE KNOWLEDGE AND COMMITMENT TO SAFER DRUG CONSUMPTION SITES (SCS) AMONG CHICAGO
CHICAGO URBAN LEAGUE 4510 SOUTH MICHIGAN AVENUE CHICAGO, IL 60653	36-2225483	501(C)3	30,000.	0.	N/A	N/A	TO PAY STAFF SALARIES (78%), PURCHASE OR MAINTAIN TECHNOLOGIES AND SUPPLIES (16%), AND COVER
COLORADO CRIMINAL JUSTICE REFORM COALITION (CCJRC) - 1212 MARIPOSA STREET #6 - DENVER, CO 80204	84-1449882	501(C)3	25,000.	0.	N/A	N/A	OPERATING SUPPORT FOR OUR WORK DURING THE NEXT YEAR, WHICH WILL PURSUE OUR MISSION OF ENDING THE
COLORADO NONPROFIT DEVELOPMENT CENTER - 789 SHERMAN STREET, SUITE 250 - DENVER, CO 80203	84-1493585	501(C)3	20,000.	0.	N/A	N/A	SUPPORT TO OPEN A SUPERVISED INJECTION FACILITY (SIF) IN THE DENVER AREA TO BETTER
COMMUNITY PARTNERS 1000 N. ALAMEDA STREET, SUITE 200 LOS ANGELES, CA 90012	95-4302067	501(C)3	15,000.	0.	N/A	N/A	TO ADDRESS THE NEEDS ASSOCIATED WITH THE ORGANIZATION'S RAPIDLY GROWING AND DEEPLY
COUNCIL FOR COURT EXCELLENCE 1111 14TH STREET, NW, STE. 500 WASHINGTON, DC 20005	52-1241825	501(C)3	25,000.	0.	N/A	N/A	TO PRODUCE A COMPREHENSIVE ANALYSIS OF THE STATE OF CONSUMER ACCESS TO LOCALLY FUNDED
DOWNTOWN EAST AIDS NETWORK 25A PINE STREET ELLESWORTH, ME 04605	01-0441229	501(C)3	15,000.	0.	N/A	N/A	TO EDUCATE, EMPOWER AND MOBILIZE PEOPLE WHO USE DRUGS AND AFFECTED FAMILIES AND FRIENDS TO

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRCNET FOUNDATION INC. P.O. BOX 9853 WASHINGTON, DC 20016	52-2034867	501(C)3	15,000.	0.	N/A	N/A	TO SUPPORT, 50% FOR THE DRUG WAR CHRONICLE NEWSLETTER AND 50% FOR OUR INTERNATIONAL DRUG
DRUG POLICY FORUM OF HAWAII P.O. BOX 83 HONOLULU, HI 96810	94-3263242	501(C)3	15,000.	0.	N/A	N/A	GENERAL SUPPORT TO BE USED PRIMARILY ON PRINTED PUBLICATIONS; SPECIAL EVENTS, SPEAKERS FEES AND
DRUG POLICY FORUM OF TEXAS 9639 RAILTON STREET HOUSTON, TX 77080	76-0514790	501(C)3	10,000.	0.	N/A	N/A	TO SHARE THE UNVARNISHED TRUTH WITH ENOUGH AMERICANS TO BRING THE CURRENT POLICY OF DRUG
FAIR SHARE HOUSING CENTER 510 PARK BOULEVARD CHERRY HILL, NJ 08002	22-2111275	501(C)3	15,000.	0.	N/A	N/A	CAMPAIGNS TO END MARIJUANA PROHIBITION AND THE IMPLEMENTATION AND STRATEGIC USE OF THE
FUSION PARTNERSHIPS 1601 GUILFORD AVE., 2 SOUTH BALTIMORE, MD 21202	52-2148413	501(C)3	15,000.	0.	N/A	N/A	TO FORM A STATEWIDE HARM REDUCTION NETWORK TO ENSURE THAT HARM REDUCTION ADVOCATES
GLOBAL EXCHANGE 1448 MARKET STREET SAN FRANCISCO, CA 94102	94-3066686	501(C)3	20,000.	0.	N/A	N/A	TO LAUNCH A PUBLIC EDUCATION CAMPAIGN TO END THE CRIMINALIZATION OF DRUG USE IN THE STATE OF
INSTITUTE OF BLACK WORLD 21ST CENTURY - 31-35 95TH STREET - EAST ELMHURST, NY 11369	30-0186895	501(C)3	25,000.	0.	N/A	N/A	TO SUPPORT BLACK COMMUNITIES IMPACTED BY THE WAR ON DRUGS.
INTERCAMBIOS PUERTO RICO #165 CALLE DIEGO ZALDUONDO FAJARDO, PR 00738	66-0731885	501(C)3	18,500.	0.	N/A	N/A	TO SUPPORT IMPLEMENTATION OF A MULTIFACETED PUBLIC EDUCATION AND ADVOCACY CAMPAIGN WITH THE GOAL OF
INTERFAITH MOVEMENT FOR HUMAN EQUITY - 5080 SO. MAYWOOD AVENUE - LOS ANGELES, CA 90041	91-2076672	501(C)3	20,000.	0.	N/A	N/A	TO IMPLEMENT A FAITH-ROOTED CIVIC ENGAGEMENT INITIATIVE IN THE WATTS COMMUNITY OF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINOJUSTICE PRLDEF 99 HUDSON STREET NEW YORK, NY 10013	13-2722664	501(C)3	25,000.	0.	N/A	N/A	TO ASSIST IN THE ORGANIZATION OF A CONVENING OF LATINX NATIONAL LEADERS.
LAW ENFORCEMENT ACTION PARTNERSHIP, INC. - 121 MYSTIC AVENUE, SUITE 9 - MEDFORD, MA 02155	16-1645758	501(C)3	9,450.	0.	N/A	N/A	TO CREATE A NEW PART-TIME DRUG WAR JOURNALISM DIVERSITY FELLOWSHIP.
LEGAL SERVICES FOR PRISONERS WITH CHILDREN (NETWORK ON WOMEN IN PRISON) - 1540 MARKET STREET, SUITE 490 - SAN FRANCISCO, CA	94-3080408	501(C)3	30,000.	0.	N/A	N/A	1) TO SUPPORT OUR NEW AND ONGOING WORK IN 2018-2019 TO INCREASE THE ENGAGEMENT AND
NATIONAL CENTER FOR CIVIC INNOVATION (NCCI) - 621 AVE. OF THE AMERICAS, 6TH FL - NEW YORK, NY 10013	02-0590588	501(C)3	10,000.	0.	N/A	N/A	TO INCREASE HIV ADVOCATES AWARENESS OF THE BROAD IMPACT OF VIRAL HEPATITIS ON LGBT HIV AFFECTED
NEW YORK ACADEMY OF MEDICINE 1216 FIFTH AVENUE NEW YORK, NY 10029	13-1656674	501(C)3	20,000.	0.	N/A	N/A	1) TO SUPPORT THE DPA NY OFFICES MASS CRIMINALIZATION CAMPAIGN THROUGH A FOCUS ON THE
NEW YORK HARM REDUCTION EDUCATORS 104-106 E. 126TH ST., SUITE 3C NEW YORK, NY 10035	13-3678499	501(C)3	35,000.	0.	N/A	N/A	1) TO BUILD CAPACITY AND PROVIDE DESPERATELY NEEDED EDUCATION AND ADVOCACY IN THE
NORTH CAROLINA HARM REDUCTION COALITION - P.O. BOX 1376 - DURHAM, NC 27709	20-3452075	501(C)3	20,000.	0.	N/A	N/A	SUPPORT TO ENGAGE ITS COALITION MEMBERS TO EDUCATE THE PUBLIC ON THE NEED FOR LAW ENFORCEMENT
ORANGE COUNTY NEEDLE EXCHANGE PROGRAM (OCNEP) - 1605 N. SPURGEON ST. - SANTA ANA, CA 92701	47-2547964	501(C)3	15,000.	0.	N/A	N/A	TO IMPROVE COMMUNITY RELATIONS IN ORANGE COUNTY AND TO EDUCATE LOCAL GOVERNMENT
PARTNERSHIP FOR SAFETY & JUSTICE 825 NE 20TH AVE, SUITE 250 PORTLAND, OR 97232	93-1277774	501(C)3	15,000.	0.	N/A	N/A	TO ENGAGE IN A MAJOR STRATEGIC GOAL-SETTING PROCESS.

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE'S HARM REDUCTION ALLIANCE P.O. BOX 85038 SEATTLE, WA 98145	35-2307112	501(C)3	15,000.	0.	N/A	N/A	TO SUPPORT CONTINUED EFFORTS TO MAKE A SUPERVISED DRUG CONSUMPTION FACILITY IN
PROTECT FAMILIES FIRST 11 ALMY STREET PROVIDENCE, RI 02909	46-0545147	501(C)3	15,000.	0.	N/A	N/A	TO SUPPORT TO WORK ON THREE MAIN OBJECTIVES.
PROJECT INFORM, INC. 273 NINTH STREET SAN FRANCISCO, CA 94103	94-3052723	501(C)3	15,000.	0.	N/A	N/A	TO IMPROVE HEALTH CARE DELIVERY TO PEOPLE WHO INJECT DRUGS IN 26 NORTHERN CALIFORNIA
PUBLIC DEFENDER ASSOCIATION 810 THIRD AVENUE, SUITE 705 SEATTLE, WA 98104	91-0852323	501(C)3	20,000.	0.	N/A	N/A	TO CONTINUE GROWING VOCAL-WA, A SEMI-AUTONOMOUS PROJECT OF PDA AND AFFILIATE OF
SAMUEL DEWITT PROCTOR CONFERENCE 4533 S. LAKE PARK CHICAGO, IL 60653	06-1707903	501(C)3	25,000.	0.	N/A	N/A	TO LAUNCH THE "BAN THE BOX" CAMPAIGN TARGETING HISTORICALLY BLACK COLLEGES AND UNIVERSITIES
SAN FRANCISCO DRUG USERS' UNION 1189 S VAN NESS AVE SAN FRANCISCO, CA 94110	46-5106485	501(C)3	60,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT FUNDING TO CONTINUE TO STRENGTHEN THEIR RELATIONSHIP WITH THE
SOUTHERN COLORADO HARM REDUCTION ASSOCIATION (SCHRA) - 1249 E. ROUTH AVE. - PUEBLO, CO 81004	82-2577843	501(C)3	20,000.	0.	N/A	N/A	TO PROMOTE A COMMUNITY WIDE ACCEPTANCE OF HARM REDUCTION PRACTICES AND PRINCIPLES.
SOUTHERNERS ON NEW GROUND 561 W WHITEHALL STREET ATLANTA, GA 30310	61-1274170	501(C)3	25,000.	0.	N/A	N/A	TO SUPPORT THE DEVELOP, LAUNCH, AND INITIAL IMPLEMENTATION OF THE BLACK FUTURISTS GROUPS
THE ORDINARY PEOPLE SOCIETY, INC. (TOPS) - 403 WEST POWELL STREET - DOTHAN, AL 36303	82-0587071	501(C)3	40,000.	0.	N/A	N/A	TO CONTINUE TO ORGANIZE AFFECTED POPULATIONS IN THE SOUTH BY EXPANDING AND ESTABLISHING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDES CENTER 139 WASHINGTON AVE. BROOKLYN, NY 11205	94-3213100	501(C)3	20,000.	0.	N/A	N/A	TO CONDUCT RESEARCH AND THE PRODUCTION OF A 20 TO 25-PAGE REPORT TO EXAMINE PORTUGALS DRUG
TRUTH PHARM, INC. P.O. BOX 424 BINGHAMTON, NY 13902	81-0718278	501(C)3	15,000.	0.	N/A	N/A	TO ADVANCE THEIR GOALS IN UPSTATE NY IN ORDER TO FACILITATE STATE-WIDE DRUG POLICY REFORM.
URBAN SURVIVORS UNION (USU) 1114 GROVE ST. GREENSBORO, NC 27403	46-3129789	501(C)3	15,000.	0.	N/A	N/A	TO REFRAME THE BLAME (WORKING TITLE) WOMEN DRUG USERS ARE HEAVILY STIGMATIZED AND IN MANY
VOICES OF COMMUNITY ACTIVISTS & LEADERS VOCAL-NY - 80-A FOURTH AVENUE - BROOKLYN, NY 11217	13-4094385	501(C)3	50,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT FOR VOCAL-NYS COMMUNITY ORGANIZING, LEADERSHIP DEVELOPMENT, COALITION
WILLIAM C. VELASQUEZ INSTITUTE 2914 N. MAIN STREET, 1ST FLOOR, SUI LOS ANGELES, CA 90031	74-2378901	501(C)3	25,000.	0.	N/A	N/A	TO CONDUCT A LATINO PUBLIC EDUCATION AND OUTREACH CAMPAIGN FOCUSED ON DEFENDING THE GAINS
WILLIAM MARSH RICE UNIVERSITY 6100 MAIN STREET HOUSTON, TX 77005	74-1109620	501(C)3	20,000.	0.	N/A	N/A	TO SUPPORT PROJECT TO ASSESS THE EXTENT OF DRUG TREATMENT AVAILABILITY FOR CRIMINAL JUSTICE
WOMEN WITH A VISION 1226 NORTH BROAD STREET NEW ORLEANS, LA 70119	72-1202185	501(C)3	15,000.	0.	N/A	N/A	SUPPORT TO CONTINUE CURRENT DRUG POLICY ADVOCACY EFFORTS.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**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:**

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

**Part IV** Supplemental Information

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: A NEW PATH

(H) PURPOSE OF GRANT OR ASSISTANCE: 1) TO SUPPORT OUR EXPANDING LOCAL, STATE AND NATIONAL CAMPAIGNS AND PROJECTS AND 2) TO EDUCATE, LOBBY, TESTIFY AND RALLY IN SUPPORT OF THIS SYRINGE EXCHANGE BILL.

NAME OF ORGANIZATION OR GOVERNMENT: A NEW WAY OF LIFE

(H) PURPOSE OF GRANT OR ASSISTANCE: 1) TO PROMOTE EFFECTIVE OUTCOMES WILL OCCUR THROUGH AN EMERGING SLATE OF INITIATIVES ADVOCATING FOR

**Part IV** Supplemental Information

NON-PUNITIVE POLICIES, COMMUNITY RESOURCES AND MEANINGFUL EMPLOYMENT/ENTREPRENEURIAL OPPORTUNITIES AND 2) SUPPORT OUR JOINT LOCAL, STATEWIDE, AND NATIONAL POLICY AND ADVOCACY WORK, AND BRING SPECIFIC ATTENTION TO THE WAR ON DRUGS VICTIMIZATION OF WOMEN AND GIRLS.

NAME OF ORGANIZATION OR GOVERNMENT: ALTERNET

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUSTAIN AND DEVELOP ITS DRUGS COVERAGECURRENT AND QUALITY MEDIA OFFERED IN A VARIETY OF DIGITAL FORMATS ARE CENTRAL TO THE LARGER PROJECT OF BROAD PUBLIC EDUCATION TO ADVANCE THE DRUG REFORM AGENDA.

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:

CALIFORNIA SOCIETY OF ADDICTION MEDICINE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT FOR IMPORTANT HARM REDUCTION INITIATIVES LIKE SUPERVISED INJECTION SITES, INCARCERATION USE OF MAT AND TRANSITION FROM INCARCERATION TO WORKFORCE AND WORKING TOGETHER TO HELP PROTECT AND ENHANCE THE CRIMINAL JUSTICE SAFEGUARDS.

NAME OF ORGANIZATION OR GOVERNMENT:

CAPITAL AREA REENTRY SERVICES, INC. (CARP)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE ACCESS TO CLEAN INJECTION KITS, EDUCATION MATERIAL, AND REFERALS TO RURAL AREAS AND HIGH RISK VENUES IN THE COMMUNITY.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR LIVING AND LEARNING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADDRESS THE NEED TO CHANGE THE CULTURE OF TREATMENT AND RE-ENTRY PROVIDERS FROM WITHIN THE PROVIDER COMMUNITY TO EMBRACE HARM REDUCTION AND SPECIFICALLY OVERDOSE PREVENTION EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: CHICAGO RECOVERY ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE THE KNOWLEDGE AND COMMITMENT TO SAFER DRUG CONSUMPTION SITES (SCS) AMONG CHICAGO ELECTED OFFICIALS AND THEIR STAFF.

NAME OF ORGANIZATION OR GOVERNMENT: CHICAGO URBAN LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PAY STAFF SALARIES (78%), PURCHASE OR MAINTAIN TECHNOLOGIES AND SUPPLIES (16%), AND COVER TRAVEL TO SPRINGFIELD FOR POLICY AND ADVOCACY EFFORTS (6%).

NAME OF ORGANIZATION OR GOVERNMENT:

COLORADO CRIMINAL JUSTICE REFORM COALITION (CCJRC)

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING SUPPORT FOR OUR WORK DURING THE NEXT YEAR, WHICH WILL PURSUE OUR MISSION OF ENDING THE OVERUSE OF THE CRIMINAL JUSTICE SYSTEM AND ADVANCING COMMUNITY HEALTH AND SAFETY IN COLORADO.

NAME OF ORGANIZATION OR GOVERNMENT: COLORADO NONPROFIT DEVELOPMENT CENTER

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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADDRESS THE NEEDS ASSOCIATED WITH THE ORGANIZATION'S RAPIDLY GROWING AND DEEPLY IMPORTANT EFFORTS IN LOS ANGELES.

NAME OF ORGANIZATION OR GOVERNMENT: COUNCIL FOR COURT EXCELLENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PRODUCE A COMPREHENSIVE ANALYSIS OF THE STATE OF CONSUMER ACCESS TO LOCALLY FUNDED SUBSTANCE USE DISORDER (SUD) SERVICES IN THE DISTRICT OF COLUMBIA.

NAME OF ORGANIZATION OR GOVERNMENT: DOWNTOWN EAST AIDS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE, EMPOWER AND MOBILIZE PEOPLE WHO USE DRUGS AND AFFECTED FAMILIES AND FRIENDS TO ADVANCE THEIR POLITICAL INTERESTS AND RALLY PEOPLE AROUND A BELONGING AGENDA GENERATED DIRECTLY BY THOSE COMMUNITIES MOST AFFECTED BY DRUG POLICY.

NAME OF ORGANIZATION OR GOVERNMENT: DRCNET FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT, 50% FOR THE DRUG WAR CHRONICLE NEWSLETTER AND 50% FOR OUR INTERNATIONAL DRUG POLICY WORK.

NAME OF ORGANIZATION OR GOVERNMENT: DRUG POLICY FORUM OF HAWAII

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

NAME OF ORGANIZATION OR GOVERNMENT: DRUG POLICY FORUM OF TEXAS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SHARE THE UNVARNISHED TRUTH WITH

**Part IV** Supplemental Information

ENOUGH AMERICANS TO BRING THE CURRENT POLICY OF DRUG PROHIBITION TO AN  
END.

NAME OF ORGANIZATION OR GOVERNMENT: FAIR SHARE HOUSING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGNS TO END MARIJUANA  
PROHIBITION AND THE IMPLEMENTATION AND STRATEGIC USE OF THE RACIAL AND  
ETHNIC IMPACT STATEMENT LEGISLATION.

NAME OF ORGANIZATION OR GOVERNMENT: FUSION PARTNERSHIPS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FORM A STATEWIDE HARM REDUCTION  
NETWORK TO ENSURE THAT HARM REDUCTION ADVOCATES THROUGHOUT THE STATE HAVE  
THE RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT: GLOBAL EXCHANGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO LAUNCH A PUBLIC EDUCATION  
CAMPAIGN TO END THE CRIMINALIZATION OF DRUG USE IN THE STATE OF  
CALIFORNIA AND BEYOND.

NAME OF ORGANIZATION OR GOVERNMENT: INTERCAMBIOS PUERTO RICO

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

NAME OF ORGANIZATION OR GOVERNMENT: INTERFAITH MOVEMENT FOR HUMAN EQUITY

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



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

LEGAL SERVICES FOR PRISONERS WITH CHILDREN (NETWORK ON WOMEN IN PRISON)

(H) PURPOSE OF GRANT OR ASSISTANCE: 1) TO SUPPORT OUR NEW AND ONGOING WORK IN 2018-2019 TO INCREASE THE ENGAGEMENT AND PARTICIPATION OF JUSTICE IMPACTED PEOPLE AND FAMILIES IN DRUG POLICY REFORM, ADVOCACY, AND LEADERSHIP DEVELOPMENT AND 2) TO SUPPORT AND JOIN LSPC IN CELEBRATING THEIR 40TH ANNIVERSARY AND THE 15TH ANNIVERSARY OF ALL OF US OR NONE AT UPCOMING GALA ON OCTOBER 3RD IN OAKLAND.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL CENTER FOR CIVIC INNOVATION (NCCI)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE HIV ADVOCATES AWARENESS OF THE BROAD IMPACT OF VIRAL HEPATITIS ON LGBT HIV AFFECTED COMMUNITIES, UNDERSCORING CONNECTIONS BETWEEN HIV CRIMINALIZATION AND THE INCREASING TREND TO CRIMINALIZE VIRAL HEPATITIS; AND 2) TO SUPPORT CREATION OF ADVOCACY COALITIONS AND INITIATIVES THAT REFLECT THIS INTERSECTION.

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK ACADEMY OF MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: 1) TO SUPPORT THE DPA NY OFFICES MASS CRIMINALIZATION CAMPAIGN THROUGH A FOCUS ON THE PUBLIC HEALTH IMPLICATIONS OF PUNITIVE DRUG POLICIES IN SECTORS OUTSIDE THE CRIMINAL JUSTICE SYSTEM AND POLICIES AFFECTING PREGNANT PEOPLE WHO USE DRUGS; 2) TO HOLD SIF STUDY REPORT BACKS WITH INTERESTED; AND 3) TO ENGAGE ACADEMY FELLOWS IN DRUG POLICY REFORM AND RESEARCH.

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK HARM REDUCTION EDUCATORS

(H) PURPOSE OF GRANT OR ASSISTANCE: 1) TO BUILD CAPACITY AND PROVIDE

**Part IV** Supplemental Information

DESPERATELY NEEDED EDUCATION AND ADVOCACY IN THE COMMUNITIES WE SERVE AND

2) FUNDING FOR DIVERSE STORIES FROM THE FRONT LINE, A SPECIFIC SPEAKERS

BUREAU INTENTIONALLY DESIGNED TO ASSIST IN THE DEVELOPMENT AND EXPANDED

CAPACITY OF TRAINED PEER EDUCATORS, CALLED STORYTELLERS, THAT WILL

MOBILIZE ADVOCACY AND COMMUNITY EFFORTS TO SUPPORT THOSE WHO USE DRUGS.

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH CAROLINA HARM REDUCTION COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO ENGAGE ITS COALITION

MEMBERS TO EDUCATE THE PUBLIC ON THE NEED FOR LAW ENFORCEMENT ASSISTED

DIVERSION, MOVE AWAY FROM CRIMINALIZATION OF DRUG USE, BAN THE BOX, AND

INTRODUCE AND PASS LEGISLATION TO EXPAND NALOXONE ACCESS.

NAME OF ORGANIZATION OR GOVERNMENT:

ORANGE COUNTY NEEDLE EXCHANGE PROGRAM (OCNEP)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE COMMUNITY RELATIONS IN

ORANGE COUNTY AND TO EDUCATE LOCAL GOVERNMENT OFFICIALS, THE POLICE, AND

THE PUBLIC ON HARM REDUCTION AND ITS ROLE IN PROMOTING PUBLIC HEALTH.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CONTINUED EFFORTS TO MAKE

A SUPERVISED DRUG CONSUMPTION FACILITY IN SEATTLE.

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT INFORM, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE HEALTH CARE DELIVERY TO

PEOPLE WHO INJECT DRUGS IN 26 NORTHERN CALIFORNIA COUNTIES BY CONDUCTING

A PROGRAM OF HARM REDUCTION ACADEMIC DETAILING AMONG MEDICAL AND

NON-MEDICAL STAFF OF COMMUNITY CLINICS AND PRIVATE MEDICAL OFFICES.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC DEFENDER ASSOCIATION

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

NAME OF ORGANIZATION OR GOVERNMENT: SAMUEL DEWITT PROCTOR CONFERENCE

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

NAME OF ORGANIZATION OR GOVERNMENT: SAN FRANCISCO DRUG USERS' UNION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FUNDING TO CONTINUE TO STRENGTHEN THEIR RELATIONSHIP WITH THE DPH, THE SF POLICE AND SF BOARD OF SUPERVISORS IN ORDER TO INFLUENCE THE CARE OF DRUG USERS AND TO DESIGN AND PUT INTO PRACTICE A WAY FOR PEOPLE WHO ARE MARGINALIZED BY EITHER THEIR CURRENT OR FORMER USE OF DRUGS, THEIR FORMER CONVICTIONS

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERNERS ON NEW GROUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DEVELOP, LAUNCH, AND INITIAL IMPLEMENTATION OF THE BLACK FUTURISTS GROUPS HARVEST INITIATIVE, A PROJECT INTENDED TO ORGANIZE AND EQUIP DIVERSE STAKEHOLDERS WITHIN THE BLACK COMMUNITY WITH THE TOOLS TO DEVELOP AND ADVANCE POLICIES THAT INCREASE MINORITY PARTICIPATION AND OWNERSHIP WITHIN GEORGIA SOON-TO-BE ESTABLISHED LEGAL MEDICAL MARIJUANA INDUSTRY.

NAME OF ORGANIZATION OR GOVERNMENT:

THE ORDINARY PEOPLE SOCIETY, INC. (TOPS)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE TO ORGANIZE AFFECTED POPULATIONS IN THE SOUTH BY EXPANDING AND ESTABLISHING LEADERSHIP TEAMS

**Part IV** Supplemental Information

AND TOPS CHAPTERS IN NEW CITIES AND TOWNS.

NAME OF ORGANIZATION OR GOVERNMENT: TIDES CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT: URBAN SURVIVORS UNION (USU)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REFRAME THE BLAME (WORKING TITLE) WOMEN DRUG USERS ARE HEAVILY STIGMATIZED AND IN MANY CASES SURVIVORS OF SIGNIFICANT TRAUMA AND ABUSE.

NAME OF ORGANIZATION OR GOVERNMENT:

VOICES OF COMMUNITY ACTIVISTS & LEADERS VOCAL-NY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR VOCAL-NYS COMMUNITY ORGANIZING, LEADERSHIP DEVELOPMENT, COALITION BUILDING AND GRASSROOTS ADVOCACY TO ADVANCE DRUG POLICY REFORM GOALS THAT ARE CLOSELY ALIGNED WITH DPAS.

NAME OF ORGANIZATION OR GOVERNMENT: WILLIAM C. VELASQUEZ INSTITUTE

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

NAME OF ORGANIZATION OR GOVERNMENT: WILLIAM MARSH RICE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROJECT TO ASSESS THE EXTENT OF DRUG TREATMENT AVAILABILITY FOR CRIMINAL JUSTICE POPULATIONS IN

**Part IV** Supplemental Information

HARRIS COUNTY.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing 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 checked="" 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? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- 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? ..... **5a**
- b** Any related organization? ..... **5b**
- 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? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2018

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARIA MCFARLAND EXECUTIVE DIRECTOR	(i)	248,336.	0.	187.	6,167.	15,436.	270,126.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RYAN CHAVEZ MANAGING DIR. FINANCE & ADMIN	(i)	151,434.	0.	19,274.	16,883.	6,353.	193,944.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALICE BROWN MANAGING DIRECTOR, POLICY	(i)	146,863.	0.	1,188.	6,167.	14,138.	168,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELLEN FLENNIKEN MANAGING DIRECTOR, DEVELOPMENT	(i)	142,099.	0.	169.	0.	15,172.	157,440.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TAMAR TODD MANAGING DIRECTOR, LEGAL AFFAIRS	(i)	140,590.	0.	316.	13,580.	7,174.	161,660.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TONY NEWMAN DIRECTOR, MEDIA RELATIONS	(i)	137,700.	0.	270.	2,400.	14,844.	155,214.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ROSEANNE SCOTTI STATE DIRECTOR - NJ	(i)	136,551.	0.	1,047.	14,476.	13,509.	165,583.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	59,735.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I,  
COLUMN (B) OF SCHEDULE M.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

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

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

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

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

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

FOUNDED IN 2000, TODAY WE HAVE FIVE OFFICES, 50 STAFF, 15,000 MEMBERS,

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
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250,000 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:

1) REFORMING THE CRIMINAL LEGAL SYSTEM. THE WAR ON DRUGS IS A MAJOR FACTOR DRIVING MASS CRIMINALIZATION AND THE UNPRECEDENTED RATE OF INCARCERATION IN THE U.S. SIMPLE DRUG POSSESSION IS BY FAR THE MOST ARRESTED OFFENSE IN THE COUNTRY, WITH 1.42 MILLION ARRESTS IN 2018 ALONE. DPA SUPPORTS DECRIMINALIZING DRUG USE AND POSSESSION, STOPPING OVER-POLICING, AND ROLLING BACK EXCESSIVE PUNISHMENTS. AT THE SAME TIME, WE SEEK TO BROADEN THE CONVERSATION AROUND THE DRUG WAR TO PUT A SPOTLIGHT ON THE FULL ARRAY OF HARMS IT CAUSES IN THE REALMS OF IMMIGRATION, HOUSING, CHILD WELFARE, AND MORE.

2) PROMOTING HEALTH-CENTERED RESPONSES TO DRUG USE. THE WAR ON DRUGS TREATS DRUG USE PRIMARILY AS A CRIMINAL PROBLEM RATHER THAN A HEALTH ISSUE, CAUSING NEEDLESS DEATH, DISEASE, AND SUFFERING. MORE THAN 67,000 PEOPLE DIED OF AN OVERDOSE IN 2018 MAKING IT THE LEADING CAUSE OF ACCIDENTAL DEATH IN THE COUNTRY. DPA PROVIDES ALTERNATIVE MODELS TO CRIMINALIZATION AND ADVOCATES HARM REDUCTION POLICIES, SYRINGE ACCESS, EFFECTIVE DRUG TREATMENT, AND OTHER EVIDENCE-BASED INTERVENTIONS TO MINIMIZE THE NEGATIVE HEALTH CONSEQUENCES OF DRUG MISUSE. WE ALSO OFFER A SCIENCE-BASED CURRICULUM FOR YOUTH DRUG EDUCATION, SAFETY FIRST.

3) ENDING CANNABIS PROHIBITION AND REPAIRING HARMS. CANNABIS

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
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PROHIBITION DIRECTLY HARMS MORE PEOPLE THAN ANY OTHER SINGLE DRUG POLICY. EVEN AS MORE STATES CREATE LEGAL MARIJUANA MARKETS, MORE THAN 600,000 PEOPLE WERE ARRESTED FOR POSSESSION IN 2018. THE CONSEQUENCES CAN BE SEVERE, INCLUDING JOB LOSS, INELIGIBILITY FOR PUBLIC HOUSING AND OTHER SOCIAL SERVICES, DENIAL OF STUDENT AID, SEPARATION OF FAMILIES, AND DEPORTATION. DPA ADVOCATES FOR A SENSIBLE APPROACH TO LEGALIZATION THAT ADVANCES SOCIAL JUSTICE AND RACIAL EQUITY. IN PLACES WHERE LEGALIZATION IS NOT YET POLITICALLY FEASIBLE, ESPECIALLY THOSE HIT HARD BY PROHIBITION SUCH AS THE SOUTH AND MIDWEST, WE SUPPORT CAMPAIGNS TO ESTABLISH MEDICAL ACCESS.

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

- LAUNCHING A GROUNDBREAKING NATIONAL CAMPAIGN TO DECRIMINALIZE THE ALL DRUGS AND CRAFTING MODEL POLICY PROPOSALS TO END ARRESTS, PROSECUTIONS, AND INCARCERATION
- ADVANCING POLICING REFORMS AT THE MUNICIPAL LEVEL AND DEFELONIZATION OF DRUG POSSESSION AT THE STATE LEVEL
- BLOCKING MISGUIDED POLICY PROPOSALS SEEKING TO INCREASE PUNISHMENTS
- PROMOTING MEDICATION-ASSISTED TREATMENT IN JAILS AND PRISONS
- ADVANCING SUPERVISED CONSUMPTION SERVICES (ALSO KNOWN AS SAFER INJECTION FACILITIES), 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 POLICY PROPOSALS TO LEGALIZE CANNABIS IN SELECT STATES AND AT THE FEDERAL LEVEL

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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- SUPPORTED 35 ORGANIZATIONS THROUGH OUR ADVOCACY GRANTS PROGRAM, WITH GRANTS TOTALING \$750,000

- SUPPORTED 20 ORGANIZATIONS THROUGH OUR SPECIAL OPPORTUNITIES GRANTS PROGRAM, WITH GRANTS TOTALING \$349,450

- SHARED OUR EXPERTISE WITH COALITIONS AND OTHER ORGANIZATIONS WORKING TO DECARCERATE PRISONS AND JAILS, REFORM BAIL PRACTICES, ADVANCE AN ANTI-RACISM AGENDA, END CRIMMIGRATION PRACTICES, AND MORE

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

- 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

- DEVELOPING "SAFETY FIRST: REAL DRUG EDUCATION FOR TEENS," A FIRST-OF-ITS-KIND HARM REDUCTION-BASED DRUG EDUCATION CURRICULUM FOR YOUNG PEOPLE

- HOSTING A CONVENING AND PRODUCING A FOLLOW-UP REPORT, "STIMULANT USE: HARM REDUCTION, TREATMENT, AND FUTURE DIRECTIONS"

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

- PRODUCING A REPORT, "MUNICIPAL DRUG STRATEGY: LESSONS IN TAKING DRUG POLICY REFORM LOCAL"

- PRODUCING VIDEOS ABOUT DRUG DECRIMINALIZATION IN PORTUGAL, COMBATting STIGMA AGAINST PEOPLE WHO SELL DRUGS, THE IMPACTS OF 10 YEARS OF ROCKEFELLER DRUG LAW REFORM, AND MORE

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

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

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

EXPENSES \$ 2,480,250. INCLUDING GRANTS OF \$ 0. REVENUE \$ 196,013.

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

DPA ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE OUR FORM 990. ONCE THE FORM IS PREPARED, IT IS FORWARDED TO MANAGEMENT FOR THEIR INITIAL REVIEW FOR COMPLIANCE WITH THE FINANCIAL STATEMENTS AND TO THE EXECUTIVE DIRECTOR FOR HIS REVIEW. ONCE ANY QUESTIONS OR CONCERNS ARE ADDRESSED, MANAGEMENT THEN FORWARDS THE RETURN TO THE FULL BOARD BY EMAIL OR PAPER COPY 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 FINANCE STAFF THEN CARRIES OUT A FINAL REVIEW, PAGE BY PAGE, TO VERIFY ALL CHANGES HAVE BEEN INCORPORATED. THE FINISHED FORM 990 IS THEN SUBMITTED BY MANAGEMENT TO THE EXECUTIVE DIRECTOR FOR HIS APPROVAL, AND THE FINALIZED FORM 990 IS THEN FILED WITH THE IRS.

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

DPA REQUIRES EACH BOARD MEMBER, OFFICER, AND KEY EMPLOYEE ANNUALLY (1) TO REVIEW THE CONFLICT OF INTEREST POLICY; (2) TO DISCLOSE ANY POSSIBLE PERSONAL CONFLICT OF INTEREST. THE CONFLICT OF INTEREST DOCUMENT IS FORWARDED TO THE BOARD MEMBER, OFFICER, AND KEY EMPLOYEE FOR THEIR REVIEW AND SIGNATURE. 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

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WITH THE CONFLICT UNTIL THE CONFLICT IS RESOLVED. THE BOARD MEMBER WILL HAVE TO EXCUSE HIMSELF FROM THE MEETING AND ALLOW THE OTHER BOARD MEMBERS TO VOTE ON THE ISSUE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF DRUG POLICY ALLIANCE (DPA) DETERMINE ANNUALLY THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE DPA COMMITTEE UTILIZE SURVEYS OF SIMILAR ORGANIZATIONS, COMPENSATION EXPERTS AND /OR ANY OTHER INPUT THE COMMITTEE DEEMS APPROPRIATE. THE COMPENSATION DECISION IS THEN E-MAILED TO HR FOR PAYROLL UPDATES AND RECORD KEEPING.

THE ADOPTED COMPENSATION POLICY SHALL BE REVIEWED AND APPROVED BY THE BOARD, OR AT ITS DISCRETION BY AN APPROPRIATE COMMITTEE, NO LESS THAN ONCE EVERY THREE YEARS. THIS PROCESS WAS LAST COMPLETED FISCAL YEAR 2019.

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

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, ID, IL, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, VI, VT, VA, WA, WI, WY, IN, NV, HI, UT, WV

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

DRUG POLICY ALLIANCE MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING IT ON THEIR WEBSITE AS WELL AS GUIDESTAR.ORG AND OTHER SIMILAR WEBSITES. THE 990 IS ALSO MADE AVAILABLE TO THE PUBLIC UPON REQUEST BY WRITING OR CALLING THE ORGANIZATION DIRECTLY. THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST BY WRITING OR CALLING THE ORGANIZATION DIRECTLY.



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HOWEVER, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

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

RESCINDED GRANTS -68,403.

FORM 990, PART XII, LINE 2C:

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DRUG POLICY ACTION	S	12,613,167.	COST
(2) DRUG POLICY ACTION	C	6,500,000.	COST
(3) DRUG POLICY ACTION	Q	196,013.	COST
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

**Part VII** Supplemental Information.

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

Multiple horizontal lines for supplemental information.