TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

MAY 31, 2021

PREPARED FOR:

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

PREPARED BY:

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

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

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

Form	990
Form	990

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



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

Depai Intern	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
A For the 2020 calendar year, or tax year beginning JUN 1, 2020 and ending MAY 31, 2021							
B C	heck if oplicable	C Name of organization	Employer identifi	ication number			
	Addres	DRUG POLICY ALLIANCE					
	Name Change		52-15166	92			
	Initial return		m/suite E	Telephone numbe			
	- Final			(212)613			
L	Jreturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	16,583,800.		
	Amenc return			(a) Is this a group r			
	Application			for subordinates			
	pendin	SAME AS C ABOVE	- IF	(b) Are all subordinates i			
ΙT	ax-exe	empt status: 🗴 501(c)(3) 🗌 501(c) ()◀ (insert no.) 🗌 4947(a)(1) or 🧌	527		a list. See instructions		
		e: WWW.DRUGPOLICY.ORG	F	(c) Group exemption			
			L Year of	formation: 1995	M State of legal domicile: DC		
	rt I	Summary					
	1	Briefly describe the organization's mission or most significant activities: $\begin{tabular}{cc} THE & DRU \end{tabular}$	JG PO	LICY ALLIA	NCE WORKS		
Governance		TO END THE WAR ON DRUGS AND BUILD IN ITS PLA	ACE A	N ALTERNAT	IVE		
rnai	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	of more th	an 25% of its net as	sets.		
INC	3	Number of voting members of the governing body (Part VI, line 1a)	13				
Activities & Go	4	Number of independent voting members of the governing body (Part VI, line 1b)			13		
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			50		
	6	Total number of volunteers (estimate if necessary)		6	15		
		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
-	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)	. 1	5,157,738.	16,406,443.		
nue	9	Program service revenue (Part VIII, line 2g)		378,467.	126,909.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,786.	9,548.		
щ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		43,148.	2,495.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,593,139.	16,545,395.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>1,258,735.</u>	908,500.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,411,395.	5,435,769.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		200,445.	226,153.		
ďx		Total fundraising expenses (Part IX, column (D), line 25) • 1,658,592.	_	F 140 010			
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>5,142,810.</u>	4,313,017.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,013,385.	10,883,439.		
	19	Revenue less expenses. Subtract line 18 from line 12		2,579,754.	5,661,956.		
ts or nces			Begin	ning of Current Year	End of Year		
Assets (d Balanc		Total assets (Part X, line 16)		3,012,787.	19,983,663.		
Net A Fund F		Total liabilities (Part X, line 26)		$\frac{4,141,127}{200000000000000000000000000000000000$			
		Net assets or fund balances. Subtract line 21 from line 20		8,871,660.	14,520,348.		

Fart II Signature BIOCK Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date					
Here	KASSANDRA FREDERIQUE,	EXECUTIVE DIRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	GARRETT M. HIGGINS	GARRETT M. HIGGINS	03/11/22 self-employed P00543209					
Preparer	Firm's name 🕨 PKF O'CONNOR DAV	IES, LLP	Firm's EIN ▶ 27-1728945					
Use Only	Firm's address 500 MAMARONECK A							
	HARRISON, NY 105	28-1633	Phone no.914-381-8900					
May the I	May the IRS discuss this return with the preparer shown above? See instructions							
032001 12-2								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 8879-EO	IRS e-fil	e Signature Aut n Exempt Organ	horization ization		OMB No. 1545-0047
	For calendar year 2020, or fiscal year begi			20 2 1	0000
		t send to the IRS. Keep for y		20 21	2020
Department of the Treasury Internal Revenue Service		rs.gov/Form8879EO for the			
Name of exempt organization	or person subject to tax			Taxpayer	identification number
				F O 1	F1 C C O O
DRUG POLICY A				52-1	516692
Name and title of officer or per KASSANDRA FREI					
EXECUTIVE DIR	ECTOR				
Part I Type of I	Return and Return Inform	ation (Whole Dollars Only)			
check the box on line 1a, 2 blank, then leave line 1b, 2 return, then enter -0- on the	n for which you are using this For 2a, 3a, 4a, 5a, 6a, or 7a below, ar 2b, 3b, 4b, 5b, 6b, or 7b, whicheve e applicable line below. Do not co	nd the amount on that line for er is applicable, blank (do not omplete more than one line in	the return being filed with enter -0-). But, if you enter Part I.	this form v ed -0- on t	was he
1a Form 990 check here		any (Form 990, Part VIII, colum			
2a Form 990-EZ check h		e, if any (Form 990-EZ, line 9)			
3a Form 1120-POL chec 4a Form 990-PF check h		(Form 1120-POL, line 22) i investment income (Form 9			
5a Form 8868 check here		(Form 8868, line 3c)			
6a Form 990-T check her		m 990-T, Part III, line 4)			
7a Form 4720 check here	e 🕨 b Total tax (For	m 4720, Part III, line 1)		7b	
	ion and Signature Author		·		
	I declare that X I am an office	-		-	
true, correct, and complete I consent to allow my interr to receive from the IRS (a) processing the return or re Agent to initiate an electron software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne	m and accompanying schedules a b. I further declare that the amoun mediate service provider, transmit an acknowledgement of receipt of fund, and (c) the date of any refu nic funds withdrawal (direct debit) e federal taxes owed on this retur the U.S. Treasury Financial Agent thorize the financial institutions in cessary to answer inquiries and re as my signature for the electronic	It in Part I above is the amoun tter, or electronic return origin, or reason for rejection of the tr ind. If applicable, I authorize th) entry to the financial institution n, and the financial institution t at 1-888-353-4537 no later th volved in the processing of th esolve issues related to the pa	t shown on the copy of the ator (ERO) to send the retu- ansmission, (b) the reaso ie U.S. Treasury and its de on account indicated in the to debit the entry to this a ian 2 business days prior t e electronic payment of ta ivment. I have selected a t	e electroni urn to the n for any c esignated e tax prep account. T to the payr xes to rec personal	c return. IRS and Jelay in Financial aration o revoke ment eive
X I authorize PK	F O'CONNOR DAVIES	, LLP		to enter m	V PIN 10001
		ERO firm name			Enter five numbers, but do not enter all zeros
a state agency(ie PIN on the return As an officer or p electronically file	on the tax year 2020 electronicall es) regulating charities as part of t n's disclosure consent screen. Derson subject to tax with respect d return. If I have indicated within les as part of the IRS Fed/State p	he IRS Fed/State program, I a t to the organization, I will enter this return that a copy of the	lso authorize the aforement or my PIN as my signature return is being filed with a	on the tax	e return is being filed with RO to enter my r year 2020 ncy(ies)
	Karl	*			03/16/2022
Signature of officer or person subjection Part III Certifica	tion and Authentication			Da	
	ur six-digit electronic filing identifi				
	your five-digit self-selected PIN.		26242303218 Do not enter all zeros		
-	neric entry is my PIN, which is my turn in accordance with the requi siness Returns.	+	•		
ERO's signature 🕨 <u>PKF</u>	O'CONNOR DAVIES,	LLP	Date ▶ _ 03/	11/22	
		Retain This Form - See Form to the IRS Unless		So	
LHA For Paperwork Red	uction Act Notice, see instruction	ons.			Form 8879-EO (2020)
023051 11-03-20					

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or	Name of exempt organization or other filer, see instru	ctions.		Тахрауе	ridentificati	on number (TIN)	
print						1.6600	
File by the	Fileby the DRUG POLICY ALLIANCE 52-15166						
due date for filing your return. See 131 W. 33RD STREET, 15TH FLOOR							
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10001							
Enter th	e Return Code for the return that this application is for (file	e a separat	te application for each return)				
Applica	tion	Return	Application			Return	
Is For Code Is For				Code			
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	10-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
● If this box ▶ 1 Ir th ▶	organization does not have an office or place of business is for a Group Return, enter the organization's four digit (Group Exe and atta APR anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>IL 18, 2022</u> , to file return for: d ending <u>MAY 31, 2021</u>	f this is fo all memb	r the whole ers the exte npt organiza	group, check this	
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, ny nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter anv	refundable credits and		- -		
	stimated tax payments made. Include any prior year overp			Зb	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa						
us	sing EFTPS (Electronic Federal Tax Payment System). See	<u>instructio</u>	ns	3c	\$	0.	
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 887	9-EO for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form	8868 (Rev. 1-2020)	

023841 04-01-20

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	CATES WHERE REFORM MOVES MORE SLOWLY. WE CRAFT POLICY PROPOSALS, DUCATE POLICYMAKERS, MOBILIZE OUR MEMBERSHIP AND NETWORKS, BUILD AND EVERAGE COALITIONS, GENERATE MEDIA COVERAGE, LITIGATE WHEN NECESSARY, ND SUPPORT IMPLEMENTATION. EGHLIGHTS FROM THE PAST YEAR: de:)(Expenses \$983,049. including grants of \$885,000.) (Revenue \$ MPOWERING PUBLIC HEALTH APPROACHES: RUG POLICY ALLIANCE (DPA) FUNDS AND PARTNERS WITH STATE-BASED,
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	EVERAGE COALITIONS, GENERATE MEDIA COVERAGE, LITIGATE WHEN NECESSARY, ND SUPPORT IMPLEMENTATION. GHLIGHTS FROM THE PAST YEAR: de:)(Expenses \$983,049. including grants of \$885,000.) (Revenue \$ MPOWERING PUBLIC HEALTH APPROACHES: RUG POLICY ALLIANCE (DPA) FUNDS AND PARTNERS WITH STATE-BASED,
	ND SUPPORT IMPLEMENTATION. IGHLIGHTS FROM THE PAST YEAR: de:)(Expenses \$983,049. including grants of \$885,000.) (Revenue \$ MPOWERING PUBLIC HEALTH APPROACHES: RUG POLICY ALLIANCE (DPA) FUNDS AND PARTNERS WITH STATE-BASED,
	IGHLIGHTS FROM THE PAST YEAR: de:)(Expenses \$983,049. including grants of \$885,000.) (Revenue \$ MPOWERING PUBLIC HEALTH APPROACHES: RUG POLICY ALLIANCE (DPA) FUNDS AND PARTNERS WITH STATE-BASED,
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DF CC WE	RUG POLICY ALLIANCE (DPA) FUNDS AND PARTNERS WITH STATE-BASED,
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CC WE	
WE	INSTITUENCY-BASED SINGLE-ISSUE AND SMALLER NATIONAL URGANIZATIONS.
	E DISBURSE ROUGHLY \$900,000 TO 40+ ORGANIZATIONS ANNUALLY THROUGH OUR
(2)	ANTS PROGRAM AND PROVIDE TECHNICAL ASSISTANCE TO OUR NETWORK OF
	INDED PARTNERS. WE ALSO FORM ALLIANCES WITH NON-DRUG POLICY GROUPS ON
	PECIFIC SHARED PRIORITIES, FACILITATE REGIONAL CONNECTIONS AMONG
	LIES, ENGAGE PROMINENT ORGANIZATIONS ACROSS THE POLITICAL SPECTRUM,
	ID CULTIVATE TARGETED CONSTITUENCIES. EVERY OTHER YEAR WE HOST THE
	TERNATIONAL DRUG POLICY REFORM CONFERENCE, THE PREMIER GATHERING OF
	HE REFORM MOVEMENT (THIS HAS BEEN TEMPORARILY SUSPENDED SINCE DUE TO
EL	NDING CANNABIS PROHIBITION:
==	
	RUG POLICY ALLIANCE (DPA) SHIFTS THE NARRATIVE ON DRUGS AND
	COHIBITION AND USES COMMUNICATIONS TOOLS TO ADVANCE OUR CAMPAIGNS AND
	HOSE OF OUR ALLIES. WE DISSEMINATE FACTS AND TELL THE STORIES OF
	COPLE MOST AFFECTED. WE GENERATE EARNED MEDIA AND ENGAGE MILLIONS OF
	COPLE DIRECTLY WITH ORIGINAL CONTENT THROUGH OUR SOCIAL MEDIA
	ROPERTIES. WE ALSO PRODUCE ORIGINAL REPORTS ON SPECIFIC ISSUES AND
PF	ARTNER WITH SCHOLARS TO PROMOTE EVIDENCE-BASED PRACTICES, WHICH IS
E١	VER MORE IMPORTANT IN THIS ANTI-SCIENCE POLITICAL MOMENT.
HJ	IGHLIGHTS FROM THE PAST YEAR:
d Otł	ner program services (Describe on Schedule O.)
	Denses \$ 2,547,511. including grants of \$ 23,500.) (Revenue \$ 119,053.)
	al program service expenses 6 , 590, 133.
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 Form 990 (2020)
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	- 11	<u> </u>
b		11b		x
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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			- 23
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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 Part IV
 Checklist of Required Schedules (continued)
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	Í		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	Í		
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
-	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
~	"Yes," complete Schedule L, Part IV	28c		X
9 9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
84	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
)E -	Part V, line 1	34	x X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	^	
Ø	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054	х	
6	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	- 23	
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26	х	
7	If "Yes," complete Schedule R, Part V, line 2	36	~	
87	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
0	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	L
- ui				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V	
4 -	Enter the number reported in Day 2 of Form 1000. Enter 0 if act and include	1	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4	_		
b		4		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	990	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 50	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u>		X X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0		x
L	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-10		
U	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		000	(2020)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

		Ι.	10		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	13	-		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1.2			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			37
-	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			v
				3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		 X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		 X
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			6		
7a				7.		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			7a		
D				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			70		- 21
o a		-	-	8a	Х	
_				8b	X	
ь 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear				43	
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
		venue	<u>Code.</u> /		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		, , , , , , , , , , , , , , , , , , , ,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		C C			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	/es," d	escribe			
	in Schedule O how this was done	· · · · · · · · · · · · · · · · · · ·		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	$\ensuremath{persons}$, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
600	exempt status with respect to such arrangements?			16b		
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SEE SCHEDULE	0				
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and		T (Section 501(c)(2)		ovoilo	
10	for public inspection. Indicate how you made these available. Check all that apply.	10 990		s orny)	avalla	JIE
	X Own website X Another's website X Upon request Other (explain		badula O			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			1 finan	ial	
	statements available to the public during the tax year.		and policy, and			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	t records			
_0	KIMBERLY THOMAS, COO - (212)613-8040					
	131 W. 33RD STREET, 15TH FLOOR, NEW YORK, NY 10001	L				
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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 Complet	e this table for all persons required to be listed. Report compensation for the calendar year ending wit	h or within the organization?	s tax year.				

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trust	ee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	fee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)		organization and related
	below	dual t	utiona	_	nploy	st cor	ar			organizations
	line)	Indivi	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD BURNS, INTERIM	40.00									
EXECUTIVE DIRECTOR UNTIL SEPT 2020	8.00			Х				216,000.	0.	0.
(2) KASSANDRA FREDERIQUE, MD POLICY	40.00									
UNTIL SEPT 2020/EXECUTIVE DIRECTOR	8.00			Х				176,825.	0.	31,955.
(3) ELLEN FLENNIKEN	40.00									
MANAGING DIRECTOR, DEVELOPMENT						Х		141,941.	0.	62,463.
<pre>(4) EMILY KALTENBACH, SENIOR</pre>	40.00									
DIRECTOR, CRIMINAL LEGAL & POLICING						X		135,475.	0.	57,171.
(5) THESHIA NAIDOO	40.00									
LEGAL DIRECTOR, LEGAL AFFAIRS						Х		152,822.	0.	22,488.
(6) JULIE NETHERLAND	40.00									
MANAGING DIRECTOR, DRAE						х		143,907.	0.	23,201.
(7) STEFANIE JONES, INTERIM	40.00							100.000		4 0 - 0 0
MANAGING DIRECTOR, COMMS	10.00					х		136,823.	0.	19,539.
(8) KIMBERLY THOMAS, CHIEF	40.00								•	•
OPERATING OFFICER AS OF MARCH 2021	8.00			X				0.	0.	0.
(9) DEREK (OSCAR) HODEL	2.00							•	0	0
PRESIDENT	2.00	Х		Χ				0.	0.	0.
(10) CHRISTINE DOWNTON	2.00							0	0	0
TREASURER	2.00	Х		Χ				0.	0.	0.
(11) REV. EDWIN SANDERS	2.00							0	0	0
SECRETARY	1 0 0	Х		Х				0.	0.	0.
(12) MARY TRAVIS BASSETT	1.00							0	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(13) JAMES E. FERGUSON, II	1.00	x						0.	0.	0.
DIRECTOR (14) JOY FISHMAN	1.00	<u> </u>						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(15) JASON FLOM	1.00	~						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(16) DAVID C. LEWIS, MD	1.00	Δ						0.	0.	0.
DIRECTOR UNTIL DEC 2020	1.00	x						0.	0.	0.
(17) PAMELA LICHTY	1.00									<u></u>
DIRECTOR		х						0.	0.	0.
032007 12-23-20	1		I		L		1		J •	Form 990 (2020)

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032007 12-23-20

Form 990 (2020)

52-1516692

2020.05091 DRUG POLICY ALLIANCE

Part VII Section A. Officers, Directors, Truttees, Key Employees, and Highest Compensated Employees (califored. (A) (B) (C) (D) (C) (D) (C) (D) (E) Estimated Name and tile Nume (interm) (D) (C) (D) (E) Peoplatible														
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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3		CA 3110	2					ŀ				110	1 29	20
\$100,000 of compensation from the organization	F O BOX 951004, AILANIA,	GA JIIJ	5					-	FROGRAM CONS	OTITING		140),20	50.
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\$100,000 of compensation from the organization	2 Total number of independent contractors (in		ot lie	nita	4 + ~ +	thee		tod	above) who received	ore than				
		•	51 11	me		-	-	.eu		Jie unall				
							-			I		Form 9	990 (2	2020)

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				LLIANCE			52-1516	692 Page 9
Par	t VI	II Statement of Revenu	le					
		Check if Schedule O contai	ns a response	or note to any line		(5)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		777,237.				
n G		Fundraising events						
àifts ar A		Related organizations		2,700,000.				
s, G	e	Government grants (contributio	ns) 1e	405,987.				
tion S	f	All other contributions, gifts, grants	, and					
ibui		similar amounts not included above		12,523,219.				
ontr od O	ç	Noncash contributions included in lines 1a	-1f 1g \$	1,628.				
<u>n n</u>	ł	Total. Add lines 1a-1f		1	16,406,443.			
		DDUG DOLLGU AGELON ADVIN	.	Business Code	110.052	110.052		
ice	2 a	-		611710 611710	119,053.	119,053.		
ierv ue	k			011/10	7,856.	7,856.		
m S ven	c							
gra Re	c e							
Program Service Revenue	f	All other program service reven						
	c				126,909.			
	3	Investment income (including d						
		other similar amounts)			9,548.			9,548
	4	Income from investment of tax-						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	a Gross rents 6a	38,405.					
	b	b Less: rental expenses 6b	38,405.					
	c		0.					
		Net rental income or (loss)	(1) 0					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a						
Ð	Ľ	Less: cost or other basis and sales expenses 7b						
venue		Gain or (loss)						
A)		Net gain or (loss)						
er Re		Gross income from fundraising eve						
Other	0.0	including \$						
		contributions reported on line 1						
		Part IV, line 18		1				
	k	Less: direct expenses						
	c	Net income or (loss) from fundra	aising events	►				
	9 a	 Gross income from gaming acti 						
		Part IV, line 19						
		Less: direct expenses		<u>ا</u>				
		Net income or (loss) from gamir		▶				
	10 a	Gross sales of inventory, less re						
		and allowances						
		 Less: cost of goods sold Net income or (loss) from sales 		<u>v</u>				
\rightarrow		Net income or (loss) from sales	or inventory .	Business Code				
sne	11 a	REFUND		900099	2,440.			2,440.
neo	l i c			900099	55.			55.
Miscellaneous Revenue	۰ د							
lis B		All other revenue						
2		e Total. Add lines 11a-11d			2,495.			
	12	Total revenue. See instructions .			16,545,395.	126,909.	0.	12,043.
032009	12-2	3-20						Form 990 (2020

16219501

Form 990 (2020) DRUG POLICY ALLIANCE Part IX Statement of Functional Expenses

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

Dot of notuce anounts required on lines 80, 26, 80, 80, and 100 of Par XII. Total expenses Program Service Sectors Manageriet and primal seconce Program Service Sectors 1 Carets and other assituance to densetic and dunsetic provembres. See Part IV, line 11. 908, 500. 908, 500. 908, 500. 2 Carets and other assituance to densetic and dunsetic provembres. See Part IV, line 12. 908, 500. 908, 500. 908, 500. 3 Carets and other assituance to densetic and viscues. See Part IV, line 11. 908, 500. 908, 500. 908, 500. 4 Boents paid to or or mombers 5 5 5 5 5 Comperation of current offees, directors, trustees, and key employees 414, 391. 217, 398. 157, 860. 39, 133. 6 Comperation acuda midde to biagualitic persons (as formation acuda midde to biagualitic persons (as caread and combinations) 3, 959, 074. 2, 408, 086. 934, 856. 616, 132. 7 Other exployee bendfts 3, 959, 074. 2, 408, 086. 934, 856. 616, 132. 8 Sectors formation biagualized persons (as caread and combinations) 3, 927. 55, 237. 57, 052. 40, 217.	<u></u>	Check if Schedule O contains a respon				
To. Bo. B. and TO: of Part With Total Repension Description Description 1 Contrained with existince to domestic individuals. See Part IV, line 22 908,500. 908,500. 908,500. 908,500. 2 Central and Other assistance to domestic individuals. See Part IV, line 22 908,500. 908,500. 908,500. 908,500. 3 Grants and Other assistance to domestic individuals. See Part IV, line 22 1 <			(A)	(B)	(C)	(D)
1 Grants and other assistance to domestic organizations and domestic generations. Beyonemests. Same Part IV, line 21 908,500. 908,500. 2 Grants and other assistance to domestic organizations of correct difference. Increase and key angleses 908,500. 908,500. 3 Grants and other assistance to domestic organizations. Forsign generations. Provide the sectors of the			Total expenses		Management and	
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25 Total functional expenses. Add lines 1 through 24e 10,883,439. 6,590,133. 2,634,714. 1,658,592. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720) 821,610. 196,895. 0. 624,715.						
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720) 821,610. 196,895. 0. 624,715.		· · · · · · · · · · · · · · · · · · ·				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720) 821,610. 196,895. 0. 624,715.			_0,000,400.			1,000,0020
educational campaign and fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720) 821,610. 196,895. 0. 624,715.	20					
Check here ▶ X if following SOP 98-2 (ASC 958-720) 821,610. 196,895. 0. 624,715.						
			821 610	196 895	<u>^</u>	621 715
	00000		021,010.	190,030•	U•	Form 990 (2020)

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11 2020.05091 DRUG POLICY ALLIANCE

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DRUG POLICY ALLIANCE

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,854,306.	1	4,870,955.
	2	Savings and temporary cash investments			1,141,414.	2	1,142,312.
	3	Pledges and grants receivable, net		2,709,160.	3	8,880,323.	
	4	Accounts receivable, net			2,800.	4	0.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e persor	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in section	on 4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
◄	9	Prepaid expenses and deferred charges			71,417.	9	57,395.
	10a	Land, buildings, and equipment: cost or other		C 000 004			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	6,288,034.			4 400 641
		Less: accumulated depreciation	10b	1,865,393.	4,727,584. 401,312.	10c	<u>4,422,641.</u> 415,707.
	11	Investments - publicly traded securities			401,312.		415,/0/.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			104,794.	14 15	194,330.
	15	Other assets. See Part IV, line 11			13,012,787.	15 16	19,983,663.
	16 17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			576,793.	17	914,299.
	18				510,155.	18	514,255
	19	Grants payable Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
6	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes				22	
Ë	23	Secured mortgages and notes payable to unrelation	ted third		2,441,829.	23	2,341,616.
	24	Unsecured notes and loans payable to unrelated	third pa	arties		24	
	25	Other liabilities (including federal income tax, pay	ables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			1,122,505.	25	2,207,400.
	26				4,141,127.	26	5,463,315.
ß		Organizations that follow FASB ASC 958, chee	ck here				
jce.		and complete lines 27, 28, 32, and 33.			E 01E 617		E 270 1E/
alar	27	Net assets without donor restrictions			5,915,617. 2,956,043.	27	5,379,154. 9,141,194.
d B	28	Net assets with donor restrictions			2,930,043.	28	9,141,194.
'n		Organizations that do not follow FASB ASC 95 and complete lines 29 through 33.	oo, cnec	ck nere 🕨 🛄			
P.	20					29	
ets	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				29 30	
Assi	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32			r other funds	8,871,660.	32	14,520,348.
Z	33	Total liabilities and net assets/fund balances			13,012,787.	33	19,983,663.
					, , ,		Form 990 (2020)

Form **990** (2020)

Form	990 (2020) DRUG POLICY ALLIANCE	52-	1516692	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,545	5,3	95.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,883		
3	Revenue less expenses. Subtract line 2 from line 1	3	5,661	L,9	56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,871	L,6	60.
5	Net unrealized gains (losses) on investments	5	6	5,18	81.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-19),4	49.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	14,520),34	48.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it 📔		
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		000	L

Form **990** (2020)

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SCH	EDU	LE A
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the	organization
-------------	--------------

Nan	ame of the organization Employer identification number								
	DRUG POLICY ALLIANCE 52-1516692					2-1516692			
Pa	nrt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	orga	anization is not a private found	ation because it is: (I	For lines 1 through 12, c	neck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	public described in
		_ section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	Ifter June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	ety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform the	ne functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section &	5 09(a)(3). (Check the box in
	_	lines 12a through 12d that	describes the type o	f supporting organizatior	and com	olete lines	12e, 12f, and	12g.	
а	L	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting
	_	organization. You must o	complete Part IV, Se	ctions A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or manag	ge the supp	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С	: L	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,
	_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally						-	
		that is not functionally int			•		-	an attentiv	/eness
	_	requirement (see instruct		-					
е		Check this box if the orga					Type I, Type	II, Type III	
		functionally integrated, or	51	nally integrated supportion	ng organiza	ation.			
		nter the number of supported of	•						
g	l Pr	ovide the following information (i) Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)
				above (see instructions))	163	NO			
Tota	al								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990-EZ) 2020 DRUG POLICY ALLIANCE

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
		12589889.	9497864.	13058914.	15147738.	16406443.	66700848.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	12500000	0407064	13058914.	1 5 1 4 7 7 2 0	16406442	66700040
	Total. Add lines 1 through 3	12589889.	949/864.	13058914.	1514//38.	10400443.	00/00848.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						26131266.
~	column (f)						40569582.
	Public support. Subtract line 5 from line 4.						40309302.
		(a) 2016	(h) 2017	(a) 2019	(4) 2010	(a) 2020	
	ndar year (or fiscal year beginning in)	(a)2016 12589889.	(b) 2017 9497864	(c) 2018 13058914.	(d) 2019	(e) 2020	(f) Total
	Gross income from interest,	12303005.	5457004.	13030914.	1914//901	10100110.	00700040.
0							
	dividends, payments received on securities loans, rents, royalties,						
		25,793.	24,659.	32,295.	27,073.	17 953	157,773.
•	and income from similar sources	25,155.	24,055.	52,255.	27,075.	<u> </u>	137,773.
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	33,941.		12614170.	43,148.	2 4 9 5 .	12693754.
44	Total support. Add lines 7 through 10	55,541.		120141/00	45,140.	2,4950	79552375.
	Gross receipts from related activities,					12 1	,128,186.
	First 5 years. If the Form 990 is for the	,	,	fourth or fifth tax y			,120,100.
10	organization, check this box and sto	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2020 (I			column (f))		14	51.00 %
	Public support percentage from 2019						55.18 %
	33 1/3% support test - 2020. If the						
	stop here. The organization qualifies						N V
b	33 1/3% support test - 2019. If the		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te		-	•			
b	10% -facts-and-circumstances test	-	-				
	more, and if the organization meets th	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•				s
			,) or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 DRUG POLICY ALLIANCE

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

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

Sec	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi	zation,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2020 (I		•	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves		•				
17	Investment income percentage for 20)20 (line 10c, colur	nn (f), divided by	ine 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the	-					ne 17 is not
	more than 33 1/3%, check this box ar	-	•				▶∟
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						ion ▶
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
03202	23 01-25-21		16	5	Sch	edule A (Form	1 990 or 990-EZ) 2020

^{2020.05091} DRUG POLICY ALLIANCE

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

2020.05091 DRUG POLICY ALLIANCE

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	<u> </u>		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	to satisfy the Integral Part	Test during the vear	(see instructions)
		י נוומנ נוופ טוקמוווצמנוטוו עצפנ	i lu salisiy liie iiileyiai Fail	iest during the year	1000 1100 00

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

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	-----------------------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

Schedule A (Form 990 or 990-EZ) 2020 DRUG POLICY ALLIANCE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly integrated	d Type III supporting orga	nization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 DRUG POLICY ALLIANCE

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

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Schedule A (Form 990 or 990 EZ) 2020 DRUG POLICY ALLIANCE

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. Part VI (See instructions.)

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

OTHER INCOME	
2016 AMOUNT: \$	4,719.
2018 AMOUNT: \$	1,003.
2019 AMOUNT: \$	5,148.
2020 AMOUNT: \$	55.
REFORM CONF. REIM	IBURSEMENT
2016 AMOUNT: \$	29,222.
LOAN FORGIVENESS	
2018 AMOUNT: \$	12,613,167.
SETTLEMENT INCOME	E
2019 AMOUNT: \$	28,000.
REFUND	
2019 AMOUNT: \$	10,000.
2020 AMOUNT: \$	2,440.
032028 01-25-21	Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Na

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

52-1516692

me of the or	ganization
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Organization type (check one):

DRUG POLICY ALLIANCE

0 11 (
Filers of:	Section:
Form 990 or 990-EZ	X 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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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.

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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

DRUG POLICY ALLIANCE

Name of organization

Employer identification number

52-1516692

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	H. VAN AMERINGEN FOUNDATION 37 WEST 12TH STREET NEW YORK, NY 10011-8559	\$ <u>6,950,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DRUG POLICY ACTION 131 WEST 33RD STREET, 15TH FLOOR NEW YORK, NY 10001	\$2,700,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SILICON VALLEY COMMUNITY FOUNDATION 2440 W EL CAMINO REAL #300 MOUNTAIN VIEW, CA 94040	\$ <u>875,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PHILIP HARVEY 8008 RIVERSIDE CABIN JOHN, MD 20818	\$800,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	PADOSI FOUNDATION 4340 PAHOA AVE HONOLULU, HI 96816	\$ <u>525,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 023452 11-25	HENRY VAN AMERINGEN 37 W 12TH ST APT 11E NEW YORK, NY 10011-8559	\$ <u>450,000.</u> Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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2020.05091 DRUG POLICY ALLIANCE

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

DRUG POLICY ALLIANCE

Name of organization

Employer identification number

52-1516692

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_	U.S. DEPARTMENT OF THE TREASURY 1500 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20220	\$405,987.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	FORD FOUNDATION 320 EAST 43RD STREET NEW YORK, NY 10017	\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	HEISING-SIMONS FOUNDATION 400 MAIN ST LOS ALTOS, CA 94022-2838	\$400,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 10</u>	THE SELZ FOUNDATION INC. 121 EAST 73RD STREET NEW YORK, NY 10021	\$337,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25		\$ \$ Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.)

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2020.05091 DRUG POLICY ALLIANCE

Name of organization

DRUG POLICY ALLIANCE

52-1516692

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ 023453 11-25-20 Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Page 4

ame of organiz	zation			Employer identification numbe
RUG POL	ICY ALLIANCE			52-1516692
Part III Exe fro con	clusively religious, charitable, etc., contributi m any one contributor. Complete columns (a npleting Part III, enter the total of exclusively religious, e duplicate copies of Part III if additional) through (e) and the following line entropy charitable, etc., contributions of \$1,000 or I	v. For organizations	hat total more than \$1,000 for the ye
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
[
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift	I	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I	(2)			
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
454 11-25-20		26	Schedule	B (Form 990, 990-EZ, or 990-PF) (20

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^{2020.05091} DRUG POLICY ALLIANCE

(Form 990 or 990-EZ)	For Org	anizations Exempt From Incon	ne Tax Under section	501(c) and section 52	7	2020			
		if the organization is described				Open to Public			
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for				Inspection			
If the organization ans	wered "Yes," or	Form 990, Part IV, line 3, or Fo	orm 990-EZ, Part V, li	ne 46 (Political Campa	ign Activ	vities), then			
 Section 501(c)(3) org 	ganizations: Com	plete Parts I-A and B. Do not co	mplete Part I-C.						
 Section 501(c) (othe 	r than section 50	01(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Part	I-B.				
 Section 527 organiz 	ations: Complete	e Part I-A only.							
If the organization ans	wered "Yes," or	Form 990, Part IV, line 4, or Fo	orm 990-EZ, Part VI, I	ine 47 (Lobbying Activ	ities), the	en			
 Section 501(c)(3) or 	• 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) or 	ganizations that I	nave NOT filed Form 5768 (electi	on under section 501(l	h)): Complete Part II-B. I	Do not co	omplete Part II-A.			
If the organization ans	wered "Yes," or	1 Form 990, Part IV, line 5 (Prox	y Tax) (See separate	instructions) or Form	990-EZ,	Part V, line 35c (Proxy			
Tax) (See separate inst	tructions), then								
 Section 501(c)(4), (5)), or (6) organizat	ions: Complete Part III.							
Name of organization					Employe	r identification number			
	DRUG PO	LICY ALLIANCE			5	52-1516692			
Part I-A Compl	ete if the org	anization is exempt und	er section 501(c)	or is a section 527	7 organ	nization.			
					,				
1 Provide a descripti	on of the organiz	ation's direct and indirect politic	al campaign activities i	in Part IV.					
2 Political campaign					▶\$				
		gn activities							
	pontiour ourripu	gir douvlied							
Part I-B Compl	ete if the org	anization is exempt und	er section 501(c)((3).	-				
		incurred by the organization und			▶ \$				
		incurred by organization manage							
		n 4955 tax, did it file Form 4720				Yes No			
b If "Yes," describe in									
		anization is exempt und	er section 501(c),	except section 50)1(c)(3)	-			
		by the filing organization for sec		•					
		ization's funds contributed to oth			• •				
			•		▶\$				
		. Add lines 1 and 2. Enter here a			• •				
•				,	▶ \$				
		1120-POL for this year?				Yes No			
		ployer identification number (EI							
,		tion listed, enter the amount paid	, ,	U		0 0			
		omptly and directly delivered to a							
		additional space is needed, prov				3 3			
(a) Name		(b) Address	(c) EIN	(d) Amount paid fr	om	(e) Amount of political			
(a) Nam	6			filing organization		intributions received and			
				funds. If none, enter		promptly and directly			
						delivered to a separate political organization.			
						If none, enter -0			
						, ,			

Political Campaign and Lobbying Activities

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

SCHEDULE C



Schedule C (Form 990 or 990-EZ) 2020	DRUG	POLICY	ALLIANCE		52-1	516692 Page 2
Part II-A Complete if the org	anizatio	on is exem	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).						
			iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar		, 0	, ,			
B Check ▶ if the filing organiza	tion check	ed box A an	d "limited control" pro	visions apply.	<i>.</i>	
		bying Exper leans amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	lence pub	lic opinion (g	rassroots lobbying)		78,500.	
b Total lobbying expenditures to influ	uence a leg	gislative bod	y (direct lobbying)		326,084.	
c Total lobbying expenditures (add li					404,584.	
d Other exempt purpose expenditure					8,820,263.	
e Total exempt purpose expenditure	s (add line	s 1c and 1d)			9,224,847.	
f _Lobbying nontaxable amount. Ente	er the amo	unt from the	following table in both	o columns.	611,242.	
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable amo	ount is:		
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of	line 1f)			152,811.	
h Subtract line 1g from line 1a. If zero	o or less, e	enter -0-			0.	
i Subtract line 1f from line 1c. If zero	or less, e	nter -0			0.	
j If there is an amount other than zer	ro on eithe	er line 1h or l	ine 1i, did the organiza	tion file Form 4720	_	
reporting section 4911 tax for this	year?					Yes No
(Some organizations th		a section 50	raging Period Under)1(h) election do not h ate instructions for lin	nave to complete all o	of the five columns be	low.
	Lobl	oying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	84	0,449.	779,995.	711,035.	611,242.	2,942,721.
b Lobbying ceiling amount (150% of line 2a, column(e))						4,414,082.
c Total lobbying expenditures	44	4,752.	420,208.	661,122.	404,584.	1,930,666.
d Grassroots nontaxable amount	21	0,112.	194,999.	177,759.	152,811.	735,681.
e Grassroots ceiling amount		- ,		,		,
(150% of line 2d, column (e))						1,103,522.
f Grassroots lobbying expenditures	1	6,274.	13,986.	340,282.	78,500.	449,042.

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 DRUG POLICY ALLIANCE

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)).

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
of the	lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)	, or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		, or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (k	o) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).				
-			2a		
	Current year Carryover from last year				
-	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po		4		
-	expenditure next year?				
Par	Taxable amount of lobbying and political expenditures (See instructions) t IV Supplemental Information		. 5		
		liot): Dout II A	lines 1 -	nd 2 (Caa	
FIOV	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	iisi), mari ii-A	, intes i a	10 2 (See	

032043 12-02-20

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

				I	OMB No. 1545-0047
	HEDULE D		al Financial Statements	-	0000
(Forn	n 990)	► Complete if the org Part IV. line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZUZU
	ment of the Treasury		Attach to Form 990.		Open to Public Inspection
-	I Revenue Service		90 for instructions and the latest information.		•
Nam	e of the organizati	on DRUG POLICY ALLIAN	CE		identification number 2-1516692
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	counts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds (b) Funds and	other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4	Aggregate value a	t end of year			
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advised func	ls	
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	nly	
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for any other purpose conferri	ing	
_	impermissible priv	ate benefit?			Yes No
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV,	line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).		
	Preservation	n of land for public use (for example, recrea	tion or education)	prically import	tant land area
	Protection o	of natural habitat	Preservation of a certi	fied historic s	structure
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	fied conservation contribution in the form of a cor	nservation ea	sement on the last
	day of the tax year			Held a	it the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	° °			2b	
С			ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
		nal Register		2d	
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the organized	zation during	the tax
	year 🕨				
4		where property subject to conservation eas			
5	U U	tion have a written policy regarding the per			
-	,	orcement of the conservation easements it			
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n easements	during the year
-					
7	• ·	ses incurred in monitoring, inspecting, nand	lling of violations, and enforcing conservation eas	sements durir	ng the year
0		viction accoment reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)	(;)	
8	and section 170(h)				Yes No
9	• •		on easements in its revenue and expense statem		
5		•	note to the organization's financial statements that		ho
		ounting for conservation easements.			
Par			Art, Historical Treasures, or Other S	imilar Ass	ets.
		f the organization answered "Yes" on Form			
1a			8, not to report in its revenue statement and bala	ance sheet w	orks
	U U		blic exhibition, education, or research in furtheran		
			ncial statements that describes these items.		
b			8, to report in its revenue statement and balance	sheet works	of
2	-		exhibition, education, or research in furtherance		
		ing amounts relating to these items:			7
	-				

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

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

the following amounts required to be reported under FASB ASC 958 relating to these items:

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

(ii) Assets included in Form 990, Part X

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032051 12-01-20

b Assets included in Form 990, Part X

30			
2020.05091	DRUG	POLICY	ALLIANCE

16219501

▶ \$_____

Schedule D (Form 990) 2020

▶ \$

\$

Sche		LICY ALLIAN					52-15	16692	2 Pa	age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historio	cal Treasure	s, or Othe	r Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any	/ of the following	g that make s	significant u	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 🔄 Loa	n or exchange p	orogram					
b	Scholarly research	е	e 🗌 Oth	er						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they f	urther the organ	ization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histor	cal treasures, or	r other simila	r assets		_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the org	anization answe	ered "Yes" or	n Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		2					-		7
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table							
								Amoun	t	
С	Beginning balance									
d	Additions during the year									
e	Distributions during the year									
T	Ending balance							Yes		
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.		-				∟		-	No ∣
Par								<u></u>		
		(a) Current year	(b) Prior		o years back	(d) Three y	ears hack	(e) Four	Vears	hack
1a	Beginning of year balance	(a) ourient year			o yours buck				yours	buok
h	Contributions									
c	Net investment earnings, gains, and losses									
b b	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 cur		e (line 1q, co	olumn (a)) held a	s:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are	e held and admir	nistered for t	he organiza	ation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Sche	dule R?				3b		
4	Describe in Part XIII the intended uses of the		wment fund	S.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, lin	e 11a. See Form	1 990, Part X	, line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost or othe basis (other)		Accumulate epreciation	ed	(d) Boo	k value	e
1a	Land				-					
b	Buildings			4,340,09		703,8		3,63		
С	Leasehold improvements			887,81		271,1			5,71	
d	Equipment			1,010,21		890,4	93.		9,72	
	Other			49,91					<u>9,9</u>	
Total	. Add lines 1a through 1e. <i>(Column (d) must e</i>	equal Form 990, Part	<u>X, column (E</u>	<u>3), line 10c.)</u>				4,42	2,64	<u>41.</u>

Schedule D (Form 990) 2020

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(a) Description of security or category (including name of security)	(b) Book value	line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value		
(1) Financial derivatives	(0) 20011 10.000			
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 000 Dart IV line	a 11d Soc Form 000 Port V line 15		
	Description	e 110. See Form 990, Part A, line 15.	(b) Book value	
	Description			
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	25.	
1. (a) Description of liability			(b) Book value	
(1) Federal income taxes				
(2) PAYCHECK PROTECTION PROGRA	M LOAN		2,207,400	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			2,207,400.	
Total. (Column (b) must equal Form 990. Part X. col. (B) line				

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

Schedule D (Form 990) 2020

032053 12-01-20

Schedule D (Form 990) 2020 DRUG POLICY ALLIANCE			52-	1516692 Page
Part XI Reconciliation of Revenue per Audited Financial Stateme	ents With F			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1 Total revenue, gains, and other support per audited financial statements			1	16,589,981
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	6,181.		
b Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)		38,405.		
e Add lines 2a through 2d			2e	44,586
3 Subtract line 2e from line 1			3	16,545,395
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	16,545,395
Part XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per F	Retur	'n.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1 Total expenses and losses per audited financial statements			1	10,941,293
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities				
 a Donated services and use of facilities b Prior year adjustments c Other losses 	2b 2c			
 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) 	2b 2c 2d	57,854.		
 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 	2b 2c 2d		2e	
 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) 	2b 2c 2d		2e 3	57,854 10,883,439
 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 	2b 2c 2d			
 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 	2b 2c 2d 2d			
 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 	2b 2c 2d 			
 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 	2b 2c 2d 	······	3 4c	57,854 10,883,439
 a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 	2b 2c 2d 		3	

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 POS	ITIONS
ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMI	NED
THAT DPA HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIA	L
STATEMENT RECOGNITION. DPA IS NO LONGER SUBJECT TO AUDITS BY THE	
APPLICABLE TAXING JURISDICTIONS FOR THE PERIODS PRIOR TO 2018.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RECLASS OF RENTAL EXPENSES TO PART VIII	38,405.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	

33

LOSS ON UNCOLLECTIBLE PLEDGE

032054 12-01-20

Schedule D (Form 990) 2020

19,449.

Schedule D (Form 990) 2020 DRUG POLICY ALLIANCE Part XIII Supplemental Information (continued)	
	38,405.
	57,854.
	Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities		OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19, or if the	•	2020
Department of the Treasury		Attach to Form 990) or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instr	uction	s and	the latest informati			Inspection
Name of the organization						-	-	ntification number
		LICY ALLIANCE					1516	
	ing Activities. complete this par	Complete if the organization answe t.	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form	990-EZ	filers are not
1 Indicate whether the	e organization rais	sed funds through any of the followir	ng activ	vities. (Check all that apply.			
a X Mail solicitat	ions	e 🔀 Solicita	tion of	non-g	overnment grants			
b X Internet and	email solicitations	s f 🔀 Solicita	tion of	gover	nment grants			
c X Phone solicit	tations	g 🔛 Special	l fundra	aising	events			
d X In-person so	licitations							
2 a Did the organization	on have a written o	or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees, or		
key employees list	ed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fu	undraising services?		X Yes	No
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreei	ments under which th	ne fundraiser	is to be	9
compensated at le	ast \$5,000 by the	organization.						
						())		
(i) Name and address	s of individual	(m	(iii) fundr	Did raiser	(iv) Gross receipts	(v) Amoun to (or retain		(vi) Amount paid
or entity (fund		(ii) Activity	have c or cor	ustody ntrol of	from activity	fundrais	`fundraiser	to (or retained by) organization
			contrib	utions?	_	listed in c	ol. (i)	organization
FAIRCOM NEW YORK, I	INC 12	CAMPAIGN MANAGEMENT AND	Yes	No				
WEST 27TH STREET, 1	,	STRATEGIC PLANNING		X	822,268.	201	L,153.	621,115.
RMZ HOLDINGS, LLC -	- 1012 14TH	FUNDRAISING/STRATEGIC						
STREET NW, SUITE 57	75,	PLANNING		x	0.	25	5,000.	-25,000.
								_
Total					822,268.	226	5,153.	596,115.
3 List all states in whi or licensing.	ch the organizatic	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt	from re	gistration

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 DRUG POLICY ALLIANCE Part II Fundraising Events. Complete if the organization answered IV

52-1516692 Page	2
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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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5.00	00

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
ш	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	()		🕨	
Do	11 rt	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization		000 Dart IV/ line 10 are		
		\$15,000 on Form 990-EZ, line 6a.	answered res on ronn	990, Fait IV, line 19, 011	reported more than	
Revenue		+ , ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	~	Volunteer labor	Yes%	Yes %	Yes%	
	ю	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)		>	
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ad				Yes No
U		No," explain:				
		re any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 DRUG POLICY ALLIANCE 52	-1516692	Page 3
	Does the organization conduct gaming activities with nonmembers?		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 No
	Indicate the percentage of gaming activity conducted in:		
	The organization's facility		%
	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	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$ If "Yes," enter name and address of the third party:		
Ľ			
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		—
	retain the state gaming license?	L Yes	└── No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III lines Q	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		00, 100,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:	
<u></u>			
(I) NAME OF FUNDRAISER: FAIRCOM NEW YORK, INC.		
(I) ADDRESS OF FUNDRAISER:		
<u> </u>			
<u>12</u>	WEST 27TH STREET, 13TH FL, NEW YORK, NY 10001		
(I) NAME OF FUNDRAISER: RMZ HOLDINGS, LLC		
<u>. </u>			
$\frac{(I)}{10}$			
	12 14TH STREET NW, SUITE 575, WASHINGTON, DC 20005 Schedule G (Formatting Street Stre	orm 990 or 994	-EZ 2020
0320	83 11-25-20 Schedule G (Fo	~	

14340311 756359 1621950.000

^{2020.05091} DRUG POLICY ALLIANCE 16219501

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

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

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

Schedule G (Form 990 or 990-EZ)

16219501

032084 04-01-20

SCHEDULE I (Form 990)		Gov	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni [.]	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			► Go to www.ir	Attach to Form s.gov/Form990 for		nation.		Open to Public Inspection
Name of the organization	DRUG POLI	CY ALLIAN	CE					Employer identification number 52-1516692
Part I General Inform	nation on Grants ar	nd Assistance						
1 Does the organization criteria used to award	the grants or assis	tance?	-					on XYes No
2 Describe in Part IV the								
		-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
			be duplicated if addition			(f) Method of		
1 (a) Name and address or governm	v	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
								TO SPEAK OUT ABOUT THE
A NEW PATH								FAILED DRUG WAR,
2527 DOUBLETREE ROAD								DEVELOPING LEADERSHIP
SPRING VALLEY, CA 919	78	33-0883927	501(C)3	25,000.	0.			WITH PARENTS DIRECTLY
								TO ENGAGE IN
A NEW WAY OF LIFE REE	NTRY PROJECT							STATEWIDE/NATIONAL
9512 SOUTH CENTRAL AV	ENUE							CRIMINAL JUSTICE
LOS ANGELES, CA 90002		95-4782503	501(C)3	25,000.	0.			ADVOCACY, BRINGING
								TO IMPROVE HIV/AIDS AND
ATLANTA HARM REDUCTIO	N COALITION							HCV PUBLIC POLICY THROUGH
P. O. BOX 92670								ADVOCACY AND SYRINGE
ATLANTA, GA 30314		58-2227958	501(C)3	15,000.	0.			EXCHANGE DIRECT SERVICE
								TO PROVIDE EDUCATION AND
BROTHERHOOD SISTER, S	OL, INC.							AWARENESS ON THE CURRENT
140 HAMILTON PLACE								LOCAL, STATE, AND FEDERAL
NEW YORK, NY 10031		13-3857387	501(C)3	12,000.	0.			LEGISLATION AROUND DRUG
								TO ADVOCATE IN THE
CALIFORNIA SOCIETY OF	ADDICTION							STATEHOUSE FOR PROPER USE
MEDICINE (CSAM) - 575	MARKET							OF MARIJUANA TAX
STREET - SAN FRANCISC	O, CA 94105	23-7364605	501(C)3	15,000.	0.			REVENUES; DEVELOP
CENTER FOR LIVING AND	LEARNING							HARM REDUCTION SERVICES
14549 ARCHWOOD ST, 22	1							IN PREPARATION FOR THE
VAN NUYS, CA 91405		95-4406897	501(C)3	20,000.	0.			DE-CRIM BALLOT MEASURE
2 Enter total number of	section 501(c)(3) ar	nd government ora	anizations listed in the	e line 1 table				▶ 44.
3 Enter total number of				······		·····	·····	0.
LHA For Paperwork Red	uction Act Notice,	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2020

Schedule I (Form 990) DRUG POLICY ALLIANCE Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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

Schedule I (Form 990) DRUG POLICY ALLIANCE Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FUCTON DADWINED CUTD THE							SUPPORT FOR THE GROWTH OF
FUSION PARTNERSHIP, INC. C/O BALTIMORE HARM REDUCTION COALIT							OUR STATEWIDE ADVOCACY
BALTIMORE, MD 21202	52-2148413	501(0)3	20,000.	0.			
BALTIMORE, MD 21202	52-2146415	501(C/5	20,000.	0.			FOR HARM REDUCTION HELP FURTHER BUILD AND
UENIMU POUTMY ALLIANCE							
HEALTH EQUITY ALLIANCE							MAINTAIN HEALS ADVOCACY
304 HANCOCK STREET SUITE 3B	01 0441000	F01 (a) 2	15 000				AND ORGANIZING EFFORTS TO
BANGOR, ME 04401	01-0441229	501(C)3	15,000.	0.			END THE WAR ON DRUGS
							SUPPORT COMMUNITY
HIPS							ORGANIZING WORK WITH DRUG
906 H. STREET NE							USERS; CREATE EDUCATIONAL
NE WASHINGTON, DC 20002	45-3164250	501(C)3	25,000.	0.			CAMPAIGNS/EVENTS.
HIV EDUCATION AND PREVENTION							BUILD HARM REDUCTION
PROJECT OF ALAMEDA COUNTY - C/O							MOVEMENT IN TEXAS TO
TEXAS HARM REDUCTION ALLIANCE,							ADVANCE LOCAL/STATE LEVEL
1909 E 38TH 1/2 ST, SUITE C -	94-3205535	501(C)3	20,000.	0.			HARM REDUCTION AND DECRIM
							EDUCATE THE PUBLIC
INDEPENDENT MEDIA INSTITUTE							THROUGH DIGITAL MEDIA
18 WEST 21ST STREET							OUTLETS ON LEADING ISSUES
NEW YORK, NY 10010	52-1309876	501(C)3	10,000.	Ο.			FACING THE NATIONAL DRUG
							SUPPORT ORGANIZING PUBLIC
INSTITUTE OF THE BLACK WORLD 21ST							EDUCATION INITIATIVES
CENTURY - P O BOX 5119 -							THROUGH ITS FOUR CITY
PITTSBURGH, PA 15206	30-0186895	501(C)3	25,000.	٥.			JUSTICE COLLABORATIVES
							CREATE A MORE DRUG USER
INTERCAMBIOS PUERTO RICO							HEALTH & RIGHTS-FOCUSED
165 CALLE DIEGO ZALDUONDO (ALTOS)							CAMPAIGN AIMED FOR
FAJARDO, PR 00738	66-0731885	501(C)3	20,000.	0.			DECRIMINALIZING DRUG
			, , ,				BUILD LEADERSHIP OF
INTERFAITH MOVEMENT FOR HUMAN							PEOPLE AFFECTED BY THE
INTEGRITY - ATTN: REV DEBORAH LEE							WAR ON DRUGS AND MEMBERS
- OAKLAND, CA 94607	91-2076672	501(C)3	20,000.	0.			OF AFRICAN-AMERICAN AND
	,,			```			CONTINUE OUR
LATINO JUSTICE PRLDEF							COMMUNICATIONS AND
475 RIVERSIDE DRIVE							ADVOCACY WORK TO PROMOTE
NEW YORK, NY 10115	13-2722664	F01 (0) 2	25,000.	0.			AN END TO THE FAILED WAR

Schedule I (Form 990) DRUG POLICY ALLIANCE Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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							PROMOTE THE LEADERSHIP OF
LEGAL SERVICES FOR PRISONERS W/							FORMERLY INCARCERATED
CHILDREN - 4400 MARKET STREET -							INDIVIDUALS THROUGH OUR
OAKLAND, CA 94608	94-3080408	501(C)3	25,000.	0.			ELDER FREEMAN POLICY
							CREATE DOCUMENTARY FILMS
LITTLEGLOBE, INC							AND STORIES TO ADVANCE
P O BOX 24213							THE DECRIMINALIZATION OF
SANTA FE, NM 87502	27-0118569	501(C)3	25,000.	0.			DRUG USE
NEW YORK ACADEMY OF MEDICINE							FOCUS ON THE IMPACTS OF
1216 FIFTH AVENUE							COVID-19 ON PEOPLE WHO
NEW YORK, NY 10029	13-1656674	501(C)3	8,000.	0.			USE DRUGS
	13 1030074	501(0)5	0,000.	••			SUPPORT THE IP44 CAMPAIGN
PARTNERSHIP FOR SAFETY & JUSTICE							AND IMPLEMENTATION
ATTN: ANDY KO							THROUGH OREGONS 2021
PORTLAND, OR 97232	93-1277774	501(0)3	15,000.	0.			LEGISLATIVE SESSION.
	55 12////4	501(0)5	15,000.	••			TO BOLSTER SAFER SMOKING
PEOPLE'S HARM REDUCTION ALLIANCE							ADVOCACY AND ACCESS
1415 NE 43RD STREET							THROUGHOUT COMMUNITIES
SEATTLE, WA 98105	35-2307112	501(0)3	10,000.	0.			NATIONALLY
	55 2507112	501(0/5	10,000.	••			TO CONTINUE OUR
PROTECT FAMILIES FIRST							DEFELONIZATION CAMPAIGN;
11 ALMY STREET							ADVOCATE FOR A SAFE
PROVIDENCE, RI 02909	46-0545147	501(C)3	15,000.	0.			CONSUMPTION SITE;
	10 001011,	501(0)5	10,000.				WORK WITH SYRINGE
PUBLIC DEFENDER ASSOCIATION							EXCHANGES, HEALTHCARE
110 PREFONTAINE PLACE SOUTH							PROVIDERS, AND DIRECTLY
SEATTLE, WA 98104	91-0852323	501(C)3	20,000.	0.			IMPACTED PEOPLE ACROSS
,				.			MONITOR THE REGULATIONS
SALVATION AND SOCIAL JUSTICE							AND DEVELOPMENT OF THE
320 COURTLAND STREET							CANNABIS COMMISSION;
WOODBURY, NJ 08096	83-1019858	501(C)3	25,000.	0.			EDUCATE THE PUBLIC IN NJ
				.			VIRTUAL EDUCATION AND
SAMUEL DEWITT PROCTOR CONFERENCE,							ADVOCACY CAPACITY TO
INC 4533 S. LAKE PARK AVE							EQUIP OUR NETWORK TO
CHICAGO, IL 60653	06-1707903	501(C)3	20,000.	0.			INFLUENCE DRUG POLICY

Schedule I (Form 990) DRUG POLICY ALLIANCE Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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SAN FRANCISCO DRUG USERS' UNION							
170 TURK STREET							TO TEACH ADVOCACY AND EMPLOYMENT FOR OUR
SAN FRANCISCO, CA 94102	46-5106485	501(0)3	40,000.	0.			COMMUNITY OF DRUG USERS
SOCIAL AND ENVIROMENTAL	40-5100405	501(0/5	40,000.	0.			TO CONTINUE A CAMPAIGN TO
ENTREPRENEURS - C/O MOVEMENT FOR							RAISE AWARENESS OF THE
							INJUSTICE OF DRUG TESTING
FAMILY POWER, 1207 F STREET NE -	95-4116679	E01/C)2	20,000.	0.			AT BIRTH AND THE FEEDING
WASHINGTON, DC 20002	95-4110079	501(C)3	20,000.	0.			POLICY AND ORGANIZING
SOCIAL GOOD FUND							
C/O THE HOOD INCUBATOR, 22 DEERING							WORK, E.G. NATIONAL AFFILIATES &
OAKLAND, CA 94601	46-1323531	501(C)3	20,000.	0.			COALITION-BUILDING
	40 1525551	501(075	20,000.	0.			CONTINUE TO DEVELOP &
SOUTHERNERS ON NEW GROUND							ADVANCE EQUITABLE
C/O BLACK FUTURISTS GROUP, 1489 ASH							CANNABIS POLICY IN
ATLANTA, GA 30344	61-1274170	501(C)3	20,000.	0.			GEORGIA
	01 12/41/0	501(0/5	20,000.	0.			REDUCE POLICE SATURATION
TEXAS CRIMINAL JUSTICE COALITION							IN TARGETED COMMUNITIES,
1714 FORTVIEW ROAD, SUITE 104							PROMOTE NON-PROSECUTION
AUSTIN, TX 78704	74-2969471	501(C)3	20,000.	0.			OF DRUG USE, FUND
	/4 25054/1	501(0)5	20,000.				TO PROVIDE CONTINUED
THE ORDINARY PEOPLE SOCIETY (TOPS)							GENERAL SUPPORT OF TOPS
403 WEST POWELL STREET							AND ITS FOUNDER PASTOR
DOTHAN, AL 36303	82-0587071	501(C)3	25,000.	0.			KENNETH GLASGOW, AT A
							TO BUILD OUR CAPACITY AND
TRUTH PHARM							ABILITY TO RESPOND TO THE
PO BOX 424							ADVOCACY NEEDS LOCALLY
BINGHAMTON, NY 13902	81-0718278	501(C)3	30,000.	0.			AND AT THE STATE LEVEL.
UNITE OREGON							
1390 SE 122ND AVE							TO BETTER TREATMENT
PORTLAND, OR 97233	74-3098100	501(C)3	20,350.	0.			CAMPAIGN
							TO CAMPAIGN FOR THE
VOCAL-NY							FOLLOWING DRUG POLICY
80A FOURTH AVENUE							REFORMS: UNIVERSAL ACCESS
BROOKLYN, NY 11217	13-4094385	501(C)3	52,500.	0.			TO HARM REDUCTION TOOLS,

Schedule I (Form 990) DRUG POLICY ALLIANCE Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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							TO INCORPORATE HARM
VILLIAM C. VELAZQUEZ INSTITUTE							REDUCTION, TREATING DRUG
2914 N MAIN STREET LOS ANGELES, CA 90031	74-2378901	F01(C)2	25,000.	0.			USE AS A HEALTH ISSUE, INSTEAD OF A CRIMINAL
IOS ANGELIES, CA 90031	74-2378901	501(C/3	25,000.	0.			INSTEAD OF A CRIMINAL
NOMEN WITH A VISION							
226 N. BROAD STREET							TO CONTINUE CURRENT DRUG
NEW ORLEANS, LA 70119	72-1202185	501(C)3	20,000.	0.			POLICY ADVOCACY EFFORTS.

Schedule I (Form 990) 2020

DRUG POLICY ALLIANCE

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

PART I, LINE 2:

DPA'S ADVOCACY GRANTS PROGRAM IS DIVIDED INTO TWO DISTINCT FUNDING POOLS,

THE ANNUAL PROMOTING POLICY CHANGE PROGRAM (PPC), WHICH GRANTS ROUGHLY

\$785,000 OVER THE COURSE OF THE FISCAL YEAR; AND THE MONTHLY SPECIAL

OPPORTUNITIES PROGRAM, WHICH HAS THE CAPACITY TO GRANT \$100,000 OVER THE

SAME PERIOD. THE GRANTS PROGRAM IS PROMOTED THROUGH DPA'S WEB SITE, OTHER

DRUG POLICY WEBSITES, CONFERENCES, AND WEBINARS AND BY DPA STAFF IN ALL

STATES WHERE DPA HAS A PRESENCE. GRANTS ARE OVERWHELMINGLY MADE TO

ORGANIZATIONS THAT HAVE ACHIEVED 501(C)(3) STATUS AND THAT ORGANIZE AND

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: A NEW PATH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SPEAK OUT ABOUT THE FAILED DRUG

WAR, DEVELOPING LEADERSHIP WITH PARENTS DIRECTLY IMPACTED BY LOSS OF

OVERDOSE

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

46

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

Schedule I (Form 990)

Part IV Supplemental Information

CRIMINAL JUSTICE ADVOCACY, BRINGING ATTENTION TO THE WAR ON DRUGS

VICTIMIZATION OF WOMEN AND GIRLS.

NAME OF ORGANIZATION OR GOVERNMENT: ATLANTA HARM REDUCTION COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE HIV/AIDS AND HCV PUBLIC

POLICY THROUGH ADVOCACY AND SYRINGE EXCHANGE DIRECT SERVICE ACTIVITIES.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE EDUCATION AND AWARENESS

ON THE CURRENT LOCAL, STATE, AND FEDERAL LEGISLATION AROUND DRUG POLICY

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA SOCIETY OF ADDICTION MEDICINE (CSAM)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVOCATE IN THE STATEHOUSE FOR

PROPER USE OF MARIJUANA TAX REVENUES; DEVELOP APPROPRIATE YOUTH SERVICES;

ONE DAY WORKING CONFERENCE.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO UNDERWRITE PUBLIC EDUCATION

EXPENSES, INCLUDING WEBINARS, AND TO HELP UNDERWRITE OUR PART-TIME

ORGANIZER POSITION.

NAME OF ORGANIZATION OR GOVERNMENT: EVERGREEN HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMUNITY AND

PROVIDER-FOCUSED EDUCATIONAL EVENTS THAT PROMOTE DRUG POLICY REFORM

NAME OF ORGANIZATION OR GOVERNMENT: EXPONENTS, INC.

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

Schedule I (Form 990)

Part IV Supplemental Information

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

RECEPTIONS

NAME OF ORGANIZATION OR GOVERNMENT:

HIV EDUCATION AND PREVENTION PROJECT OF ALAMEDA COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD HARM REDUCTION MOVEMENT IN

TEXAS TO ADVANCE LOCAL/STATE LEVEL HARM REDUCTION AND DECRIM POLICIES.

NAME OF ORGANIZATION OR GOVERNMENT: INDEPENDENT MEDIA INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: EDUCATE THE PUBLIC THROUGH DIGITAL

MEDIA OUTLETS ON LEADING ISSUES FACING THE NATIONAL DRUG REFORM

NAME OF ORGANIZATION OR GOVERNMENT: INTERCAMBIOS PUERTO RICO

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATE A MORE DRUG USER HEALTH &

RIGHTS-FOCUSED CAMPAIGN AIMED FOR DECRIMINALIZING DRUG USERS

NAME OF ORGANIZATION OR GOVERNMENT:

INTERFAITH MOVEMENT FOR HUMAN INTEGRITY

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILD LEADERSHIP OF PEOPLE AFFECTED

BY THE WAR ON DRUGS AND MEMBERS OF AFRICAN-AMERICAN AND ALLIED

CONGREGATIONS

NAME OF ORGANIZATION OR GOVERNMENT: LATINO JUSTICE PRLDEF

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTINUE OUR COMMUNICATIONS AND

ADVOCACY WORK TO PROMOTE AN END TO THE FAILED WAR ON DRUGS

NAME OF ORGANIZATION OR GOVERNMENT:

LEGAL SERVICES FOR PRISONERS W/ CHILDREN

Schedule I (Form 990)

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE THE LEADERSHIP OF FORMERLY

INCARCERATED INDIVIDUALS THROUGH OUR ELDER FREEMAN POLICY FELLOWSHIP

PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: PROTECT FAMILIES FIRST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE OUR DEFELONIZATION

CAMPAIGN; ADVOCATE FOR A SAFE CONSUMPTION SITE; STATEWIDE CANNABIS

LEGALIZATION

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC DEFENDER ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: WORK WITH SYRINGE EXCHANGES,

HEALTHCARE PROVIDERS, AND DIRECTLY IMPACTED PEOPLE ACROSS WASHINGTON

STATE

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION AND SOCIAL JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: MONITOR THE REGULATIONS AND

DEVELOPMENT OF THE CANNABIS COMMISSION; EDUCATE THE PUBLIC IN NJ ABOUT

DRUG DECRIMINALIZATION.

NAME OF ORGANIZATION OR GOVERNMENT:

SAMUEL DEWITT PROCTOR CONFERENCE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: VIRTUAL EDUCATION AND ADVOCACY

CAPACITY TO EQUIP OUR NETWORK TO INFLUENCE DRUG POLICY REFORM.

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL AND ENVIROMENTAL ENTREPRENEURS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE A CAMPAIGN TO RAISE

AWARENESS OF THE INJUSTICE OF DRUG TESTING AT BIRTH AND THE FEEDING OF

CHILDREN INTO THE FOSTER SYSTEM

032291 04-01-20

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS CRIMINAL JUSTICE COALITION (H) PURPOSE OF GRANT OR ASSISTANCE: REDUCE POLICE SATURATION IN TARGETED COMMUNITIES, PROMOTE NON-PROSECUTION OF DRUG USE, FUND STRATEGIES THAT PREVENT INCARCERATION

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

NAME OF ORGANIZATION OR GOVERNMENT: TRUTH PHARM

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

NAME OF ORGANIZATION OR GOVERNMENT: VOCAL-NY

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

NAME OF ORGANIZATION OR GOVERNMENT: WILLIAM C. VELAZQUEZ INSTITUTE

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

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Schedule I (Form 990)

Schedule I (Form 990) DRUG POLICY ALLIANCE Part IV Supplemental Information	52-1516692	Page 2
TREATING DRUG USE AS A HEALTH ISSUE, INSTEAD OF A CRIMINAL	ONE. AS	
DESCRIBED BY DPA AS A MORE SUCCESSFUL MODEL FOR KEEPING CO	OMMUNITIES	
HEALTHY AND SAFE, WHICH IS KEY TO WCVIS MISSION.		
032291	Schedule I (F	orm 990)

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-0047	,
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	າດ	
		Compensated Employees		20	ZU	
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Public	;
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organization	1		identificatio		ber
_		DRUG POLICY ALLIANCE	52-1	1516692	2	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c		nal use			
	Travel for com					
		ation and gross-up payments	S			
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
_		rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO (Fuendation Directory but eveloping a part III)	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant X Compensation survey or study ther organizations X Approval by the board or compensation c	ommittoo			
			Ommittee			
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 re					
а		e payment or change-of-control payment?		4a		Х
b		eive payment from a supplemental nonqualified retirement plan?				X
c	-	eive payment from an equity-based compensation arrangement?		4c		Х
-	•	ies 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r					
а	The organization?			5a		Х
		ation?				Х
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the n	et earnings of:				
а	The organization?			6a		Х
b		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	1e			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	ו 990) 2	2020

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Page 2

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.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) RICHARD BURNS, INTERIM (i	216,000.	0.	0.	0.	0.	216,000.	0.
EXECUTIVE DIRECTOR UNTIL SEPT 2020 (ii) 0.	0.	0.	0.	0.	0.	0.
(2) KASSANDRA FREDERIQUE, MD POLICY (i	176,675.	0.	150.	16,313.	15,642.	208,780.	0.
UNTIL SEPT 2020/EXECUTIVE DIRECTOR (ii) 0.	0.	0.	0.	0.	0.	0.
(3) ELLEN FLENNIKEN (i		0.	144.	15,500.	46,963.	204,404.	0.
MANAGING DIRECTOR, DEVELOPMENT (ii) 0.	0.	0.	0.	0.	0.	0.
(4) EMILY KALTENBACH, SENIOR (i	135,205.	0.	270.	12,929.	44,242.	192,646.	0.
DIRECTOR, CRIMINAL LEGAL & POLICING (ii) 0.	0.	0.	0.	0.	0.	0.
(5) THESHIA NAIDOO (i	152,552.	0.	270.	14,895.	7,593.	175,310.	0.
LEGAL DIRECTOR, LEGAL AFFAIRS (ii) 0.	0.	0.	0.	0.	0.	0.
(6) JULIE NETHERLAND (i	143,493.	0.	414.	7,424.	15,777.	167,108.	0.
MANAGING DIRECTOR, DRAE (ii) 0.	0.	0.	0.	0.	0.	0.
(7) STEFANIE JONES, INTERIM (i	136,654.	0.	169.	13,571.	5,968.	156,362.	0.
MANAGING DIRECTOR, COMMS (ii) 0.	0.	0.	0.	0.	0.	0.
(i							
(ii)						
(i							
(ii							
(i							
(ii)						
(i							
(ii)						
(i							
(ii							
(i							
(ii)						
(i							
(ii							
(i							
(i							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



DRUG POLICY ALLIANCE

52-1516692

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

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

RIGHTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IT IS THE BASIS FOR DEPRIVING HUNDREDS OF THOUSANDS OF AMERICANS OF THE RIGHT TO VOTE. IT IS THE CAUSE FOR DEPORTATION OF TENS OF THOUSANDS OF PEOPLE EACH YEAR. IT DOES NOTHING TO PREVENT DRUG OVERDOSE DEATHS OR OTHER NEGATIVE CONSEQUENCES OF DRUG MISUSE BUT INSTEAD EXACERBATES THESE VERY REAL PROBLEMS. AND IT FUELS PREJUDICE AGAINST PEOPLE WHO USE DRUGS, ENABLING AND ENCOURAGING THEIR DEHUMANIZATION.

DPA ENVISIONS A JUST SOCIETY IN WHICH THE USE AND REGULATION OF DRUGS ARE GROUNDED IN SCIENCE, COMPASSION, HEALTH, AND HUMAN RIGHTS; IN WHICH PEOPLE ARE NO LONGER PUNISHED FOR WHAT THEY PUT INTO THEIR OWN BODIES; AND IN WHICH THE FEARS, PREJUDICES, AND PUNITIVE PROHIBITIONS OF TODAY ARE NO MORE. OUR MISSION IS TO ADVANCE THOSE POLICIES AND ATTITUDES THAT BEST REDUCE THE HARMS OF BOTH DRUG USE AND DRUG PROHIBITION, AND TO PROMOTE THE SOVEREIGNTY OF INDIVIDUALS OVER THEIR MINDS AND BODIES. FOUNDED IN 2000, TODAY WE HAVE 36 STAFF, 12,000 MEMBERS, 175,000 SUBSCRIBERS TO OUR ONLINE COMMUNICATIONS, AND A GROWING TRACK RECORD OF SUCCESS AT THE MUNICIPAL, STATE, AND FEDERAL LEVELS.

WHILE OUR WORK ADDRESSES THE WIDE RANGE OF SOCIAL, POLITICAL, AND

ECONOMIC ISSUES TOUCHED BY THE WAR ON DRUGS, NEARLY ALL OUR EFFORTS

FALL UNDER THREE SUBSTANTIVE ISSUE AREAS:

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20

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Name of the organization

DRUG POLICY ALLIANCE

1) REFORMING THE CRIMINAL JUSTICE SYSTEM. THE WAR ON DRUGS IS A PRINCIPAL FACTOR DRIVING MASS CRIMINALIZATION AND A MAJOR CONTRIBUTOR TO THE UNPRECEDENTED RATE OF INCARCERATION IN THE U.S. SIMPLE DRUG POSSESSION IS BY FAR THE MOST ARRESTED OFFENSE IN THE COUNTRY, WITH OVER ONE MILLION ARRESTS IN 2020 ALONE. DPA SEEKS TO REDUCE THE NUMBER OF PEOPLE ARRESTED, CONVICTED, INCARCERATED, AND OTHERWISE PUNISHED FOR DRUG OFFENSES; TO ADDRESS THE PROFOUND RACISM IN THE CRIMINAL JUSTICE SYSTEM; AND TO OVERHAUL POLICIES THAT SUPPORT THE DRUG WAR, SUCH AS CIVIL ASSET FORFEITURE.

2) EMPOWERING PUBLIC HEALTH APPROACHES. THE DRUG WAR TREATS DRUG USE PRIMARILY AS A CRIMINAL PROBLEM RATHER THAN A HEALTH ISSUE, CAUSING UNNECESSARY DEATH, DISEASE, AND SUFFERING. MORE THAN 100,000 PEOPLE DIED OF AN OVERDOSE DURING THE 12 MONTHS ENDING IN APRIL 2021, MAKING IT THE LEADING CAUSE OF ACCIDENTAL DEATH IN THE COUNTRY. DPA ADVOCATES HARM REDUCTION POLICIES AND EVIDENCE-BASED PUBLIC HEALTH INTERVENTIONS TO MINIMIZE THE NEGATIVE HEALTH CONSEQUENCES OF DRUGS, SUCH AS OVERDOSE FATALITIES, HIV/AIDS, HEPATITIS C, AND SUBSTANCE USE DISORDERS, AND TO PROVIDE ALTERNATIVE MODELS TO CRIMINALIZATION.

3) ENDING CANNABIS PROHIBITION. CANNABIS PROHIBITION IS AT THE HEART OF THE DRUG WAR, DIRECTLY HARMING MORE LIVES THAN ANY OTHER SINGLE DRUG POLICY. EVEN THOUGH MANY STATES HAVE CREATED LEGAL MARKETS, THERE WERE MORE THAN 317,000 ARRESTS FOR CANNABIS POSSESSION IN 2020. THE CONSEQUENCES OF AN ARREST CAN BE SEVERE, LEADING TO LOSS OF EMPLOYMENT, HOUSING, PARENTAL RIGHTS, IMMIGRATION STATUS, AND FINANCIAL AID. DPA PROMOTES SENSIBLE POLICIES TO REDUCE THE NUMBER OF ARRESTS AND TO 032212 11-20-20 56

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2020.05091 DRUG POLICY ALLIANCE

Schedule O (F	orm 990 or	990-EZ) 2020
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Name of the organization

LEGALLY REGULATE CANNABIS FOR MEDICAL AND ADULT-USE PURPOSES.

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

- CRAFTING MODEL POLICY PROPOSALS TO END ARRESTS, PROSECUTIONS, AND

INCARCERATION

- ADVANCING POLICING REFORMS AT THE MUNICIPAL LEVEL AND DRUG POSSESSION DEFELONIZATION AT THE STATE LEVEL

- BLOCKING MISGUIDED POLICY PROPOSALS SEEKING TO INCREASE PUNISHMENTS

- PROMOTING MEDICATION-ASSISTED TREATMENT IN JAILS AND PRISONS

- BUILDING SUPPORT TO REMOVE BARRIERS TO MEDICATION-ASSISTED TREATMENT

MORE BROADLY, PARTICULARLY AS ACCESS BECAME FURTHER RESTRICTED BY THE

COVID-19 PANDEMIC

- ADVANCING SUPERVISED CONSUMPTION SERVICES (ALSO KNOWN AS SAFER

INJECTION FACILITIES) AND SUCCESSFULLY BLOCKING A FEDERAL ATTEMPT TO

PREVENT SUCH A SERVICE OPENING

- ADVANCING ACCESS TO NALOXONE TO PREVENT OVERDOSE DEATHS, AND SYRINGE

ACCESS PROGRAMS TO PREVENT THE SPREAD OF HIV/AIDS AND PROVIDE HELP TO

PEOPLE WHO USE DRUGS

- ADVANCING A BILL THAT WOULD DE-SCHEDULE CANNABIS AT THE FEDERAL

LEVEL, EXPUNGE CRIMINAL RECORDS, AND BEGIN TO REPAIR THE HARMS OF

PROHIBITION IN THE COMMUNITIES WHERE IT HAS BEEN MOST VICIOUSLY

ENFORCED

032212 11-20-20

- ADVANCING POLICY PROPOSALS TO LEGALIZE CANNABIS IN SELECT STATES

- SUPPORTING A NATIONAL COALITION OF ORGANIZATIONS FIGHTING TO INCREASE

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EDUCATIONAL ACCESS FOR PEOPLE WITH CRIMINAL CONVICTIONS

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O	(Form 990	or 990-EZ) 2020
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Name of the organization

DRUG POLICY ALLIANCE

THE COVID-19 PANDEMIC).

HIGHLIGHTS FROM THE PAST YEAR:

- SUPPORTED 39 ORGANIZATIONS THOUGH OUR ADVOCACY GRANTS PROGRAM

SUPPORTED 4 ORGANIZATIONS THOUGH OUR SPECIAL OPPORTUNITIES GRANTS

PROGRAM

- SHARED OUR EXPERTISE WITH COALITIONS AND OTHER ORGANIZATIONS WORKING

TO DECARCERATE PRISONS AND JAILS, REFORM BAIL PRACTICES, ADDRESS

POLICING, ADVANCE AN ANTI-RACISM AGENDA, END CRIMMIGRATION PRACTICES,

AND MORE..

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

LAUNCHING "UPROOTING THE DRUG WAR", A SERIES OF REPORTS, WEBINARS,

AND AN INTERACTIVE WEBSITE THAT AIM TO EXPOSE THE IMPACT OF THE WAR ON

DRUGS BEYOND ARREST AND INCARCERATION

- RUNNING A SEVEN-PART DISCUSSION SERIES ON COVID-19 AND DRUG POLICY,

BRINGING TOGETHER ADVOCATES AND ALLIES IN THE JUSTICE REFORM MOVEMENT

TO DISCUSS HOW TO SUSTAIN PROGRESS, WHICH OBSTACLES STILL REMAIN, AND

HOW TO USE THE MOMENT TO BE MORE ASPIRATIONAL WITH OUR POLICY AGENDAS

GENERATING MEDIA COVERAGE OF OUR ISSUES AND CAMPAIGN AND EDUCATING

OUR MEMBERS THROUGH SOCIAL MEDIA AND OTHER CREATIVE COMMUNICATIONS

CAMPAIGNS

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

REFORM

- DISSEMINATING "SAFETY FIRST: REAL DRUG EDUCATION FOR TEENS," A

FIRST-OF-ITS-KIND HARM REDUCTION-BASED DRUG EDUCATION CURRICULUM FOR Schedule O (Form 990 or 990-EZ) 2020 032212 11-20-20 58 14340311 756359 1621950.000

Schedule O	(Form	990 (or 990	-EZ)	2020	
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DRUG POLICY ALLIANCE

YOUNG PEOPLE, AND ADAPTING THE CURRICULUM FOR DISTANCE LEARNING DURING

THE PANDEMIC

- PRODUCING AND DISSEMINATING AN ARRAY OF FACT SHEETS, PODCASTS, AND

OTHER MEDIA ABOUT DRUGS AND DRUG POLICY ISSUES

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

OTHER PROGRAM SERVICES INCLUDE- CONFERENCES AND SPECIAL PROJECTS.

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

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

RELATED ORGANIZATION.

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

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

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

FORM 990, PART VI, SECTION B, LINE 12C: DRUG POLICY ALLIANCE CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY THAT APPLIES TO ANY BOARD MEMBER OR OFFICER. EACH BOARD MEMBER AND OFFICER MUST ANNUALLY SIGN AND SUBMIT TO THE EXECUTIVE DIRECTOR A STATEMENT WHICH AFFIRMS SUCH PERSON: (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST 032212 11-20-20 59

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2020.05091 DRUG POLICY ALLIANCE

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
DRUG POLICY ALLIANCE	52-1516692
POLICY, (B) HAS READ AND UNDERSTANDS THE CONFLICT OF INTER	EST POLICY, AND
(C) HAS AGREED TO COMPLY WITH THE POLICY. IF A POTENTIAL O	R ACTUAL CONFLICT
IS DISCLOSED AT ANY TIME, THE AUDIT & FINANCE COMMITTEE WI	LL REVIEW THE
MATERIAL FACTS AND CIRCUMSTANCES. IF IT IS ESTABLISHED THA	T AN ACTUAL
CONFLICT EXISTS, THE INDIVIDUAL WILL BE NOTIFIED IMMEDIATE	LY AND WILL NOT
BE ALLOWED TO VOTE OR BE A PART OF ANY DISCUSSIONS ABOUT A	NY SUCH
TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT UNTIL THE C	ONFLICT IS
RESOLVED. AT THE REQUEST OF THE AUDIT & FINANCE COMMITTEE,	THE INTERESTED
PERSON MAY PROVIDE INFORMATION REGARDING THE TRANSACTION P	RIOR TO THE
DELIBERATIONS OF THE BOARD.	

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

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

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

FORM 9	990, PAR	RT VI,	LINE	17,	LIST	OF	STATES	RECEIVII	NG COPY	OF H	FORM	990:	_
032212 11-20-	-20								Sc	hedule C) (Form §	990 or 990-EZ) 202	20
							60						
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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, NH, NJ, NM, NY, NC, ND, C	R, PA, RI, SC, TN, UT
VA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FORM 990 AND AUDITED FINANCIAL STATEMEN	TS ARE AVAILABLE
ON THE ORGANIZATION'S WEBSITE, AS WELL AS GUIDESTAR.ORG AN	D OTHER SIMILAR
TYPES OF WEBSITES. THE GOVERNING DOCUMENTS AND CONFLICT OF	INTEREST POLICY
ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON UNCOLLECTIBLE PLEDGE	-19,449.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS AN AUDIT & FINANCE COMMITTEE THAT ASS	UMES
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL	STATEMENTS

AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT

CHANGED FROM THE PRIOR YEAR.

Schedule O (Form 990 or 990-EZ) 2020

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Name of the organization

DRUG POLICY ALLIANCE

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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
DRUG POLICY ACTION - 52-1951197	PROMOTING SOCIAL WELFARE						
131 WEST 33RD STREET, 15TH FLOOR	AND TO ADVOCATE FOR DRUG				DRUG POLICY		
NEW YORK, NY 10001	POLICY REFORM	DISTRICT OF COLUMBIA	501(C)(4)		ALLIANCE	X	

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

Schedule R (Form 990) 2020

2020 Open to Public Inspection

Employer identification number

52-1516692

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Schedule R (Form 990) 2020 DRUG POLICY ALLIANCE

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)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	0
	-										
	-										
	1										
	1										
	l		l			1			L		

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	(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?	
		country)						Yes	No
									<u> </u>
									<u> </u>
								'	

Schedule R (Form 990) 2020 DRUG POLICY ALLIANCE

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	<u> </u>
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	<u> </u>
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
0	Sharing of paid employees with related organization(s)	10	X	L
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q	X	L
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		Х

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	С	2,700,000.	соѕт
(2) DRUG POLICY ACTION	Q	119,053.	соят
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2020 DRUG POLICY ALLIANCE

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)	(b)	(c)	(d)	6	-)	(f)	(g)	()	(נ	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e Are	e all rs sec	Share of	Share of		opor-	Code V-UBI	Genera	or Percentage
of entity	, , , , , , , , , , , , , , , , , , ,	(state or foreign	(related, unrelated,	partne 501(org	c)(3) s.?	total	end-of-year	Dispr tior alloca	nate tions?	amount in box 20	managi partne	ownership
		country)		Yes		income	assets	Yes	No		Yes N	0
										1		

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Part VII Supplemental Information

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

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