

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning **JUN 1, 2021** and ending **MAY 31, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DRUG POLICY ALLIANCE</b>		<b>D</b> Employer identification number <b>52-1516692</b>
	Doing business as		<b>E</b> Telephone number <b>(212) 613-8040</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>131 W. 33RD STREET, 15TH FLOOR</b>		<b>G</b> Gross receipts \$ <b>12,662,399.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10001</b>		
<b>F</b> Name and address of principal officer: <b>KASSANDRA FREDERIQUE</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.DRUGPOLICY.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1995** **M** State of legal domicile: **DC**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE DRUG POLICY ALLIANCE WORKS TO END THE WAR ON DRUGS AND BUILD IN ITS PLACE AN ALTERNATIVE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>67</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>11</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 16,406,443.	<b>Current Year</b> 12,456,927.
	<b>9</b> Program service revenue (Part VIII, line 2g)	126,909.	24,461.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,548.	7,132.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,495.	80,444.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,545,395.	12,568,964.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	908,500.	819,363.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,435,769.	5,628,466.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	226,153.	367,658.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,689,697.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,313,017.	4,321,751.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,883,439.	11,137,238.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	5,661,956.	1,431,726.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 19,983,663.	<b>End of Year</b> 19,876,966.
	<b>21</b> Total liabilities (Part X, line 26)	5,463,315.	4,003,275.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	14,520,348.	15,873,691.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer:	Date			
	<b>KASSANDRA FREDERIQUE, EXECUTIVE DIRECTOR</b> Type or print name and title	<b>03/14/23</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARRETT M. HIGGINS</b>	Preparer's signature <b>GARRETT M. HIGGINS</b>	Date <b>03/14/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00543209</b>
	Firm's name ▶ <b>PKF O'CONNOR DAVIES ADVISORY, LLC</b>	Firm's EIN ▶ <b>87-3231666</b>	Phone no. <b>212-286-2600</b>		
Firm's address ▶ <b>245 PARK AVENUE, 12TH FLOOR</b>		<b>NEW YORK, NY 10167</b>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE DESERVE TO LEAD OUR LIVES WITH DIGNITY, WITHIN WHOLE AND LOVING COMMUNITIES, WITH COMPASSION AND SUPPORT IN OUR TIMES OF NEED, WITHOUT THREAT OR VIOLENCE - REGARDLESS OF WHO WE ARE, AND WHETHER OR NOT WE USE DRUGS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,341,408. including grants of \$ 0. ) (Revenue \$ 0. ) TREATING DRUG USE AS A HEALTH ISSUE, NOT A CRIMINAL PROBLEM.

CRIMINALIZATION IS THE FOUNDATION OF THE DRUG WAR, WITH VAST INVESTMENTS IN PUNISHMENT AT THE COST OF SCANT SUPPORT FOR SERVICES. TODAY, DRUG POSSESSION IS THE MOST ARRESTED OFFENSE IN THE UNITED STATES, WITH MORE THAN ONE-MILLION ARRESTS IN 2021, OFTENTIMES A PERSON'S FIRST CONTACT WITH THE CRIMINAL LEGAL SYSTEM. AT THE SAME TIME, OVERDOSE IS THE LEADING CAUSE OF ACCIDENTAL DEATH, WITH MORE ONE-MILLION LIVES LOST IN THE PAST 20 YEARS, AND RATES SKYROCKETING AMONG PEOPLE OF COLOR. THE DRUG POLICY ALLIANCE ADVOCATES A HOLISTIC SOLUTION: ENDING CRIMINAL PENALTIES FOR ALL DRUGS WHILE EXPANDING ACCESS TO ADDICTION SERVICES TO IMPROVE PEOPLE'S HEALTH AND WELLBEING.

4b (Code: ) (Expenses \$ 2,293,457. including grants of \$ 0. ) (Revenue \$ 0. ) ADVANCING MARIJUANA JUSTICE.

THE MOVEMENT FOR MARIJUANA LEGALIZATION HAS GROWN EXPONENTIALLY, BUT IN 2021 THERE WERE STILL MORE THAN 300,000 ARRESTS FOR MARIJUANA POSSESSION, AND THE COMMUNITIES THAT HAVE SUFFERED THE MOST UNDER PROHIBITION ARE NOT BENEFITING FROM THE BURGEONING LEGAL INDUSTRY AT THE SCALE THEY DESERVE. DPA SERVES AS THE LEGALIZATION MOVEMENT'S TECHNICAL POLICY ADVISOR, CENTERING COMMUNITY REINVESTMENT, RACIAL EQUITY, AND SOCIAL JUSTICE IN OUR APPROACH.

HIGHLIGHTS FROM THE PAST YEAR:

4c (Code: ) (Expenses \$ 1,315,428. including grants of \$ 0. ) (Revenue \$ 0. ) MAKING SURE CIVIL SYSTEMS HELP AND NOT HARM.

THE LOGIC OF THE DRUG WAR HAS CONTAMINATED MANY AREAS OF OUR LIVES BEYOND THE CRIMINAL LEGAL SYSTEM - IN HEALTHCARE, CHILD WELFARE, EMPLOYMENT, PUBLIC BENEFITS, HOUSING, DRUG TREATMENT, IMMIGRATION, AND MORE. SURVEILLANCE, NONCONSENSUAL DRUG TESTING, MANDATORY REPORTING, ZERO TOLERANCE, AND COERCED TREATMENT HAS LED TO FAMILIES SEPARATED, PEOPLE MADE HOMELESS, PEOPLE DENIED SOCIAL BENEFITS, INTERGENERATIONAL POVERTY, AND MORE. DPA SEEKS TO ELIMINATE PUNISHMENT IN CIVIL SYSTEMS TO HELP PEOPLE TODAY - AND TO ENSURE WE DO NOT REPLICATE THE HARMS THE DRUG WAR WHEN EXPANDING SERVICES AS ALTERNATIVES TO CRIMINALIZATION.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,707,876. including grants of \$ 819,363. ) (Revenue \$ 24,461. )

4e Total program service expenses 8,658,169.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records KIMBERLY THOMAS, COO - (212) 613-8040 131 W. 33RD STREET, 15TH FLOOR, NEW YORK, NY 10001

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KASSANDRA FREDERIQUE EXECUTIVE DIRECTOR	40.00			X			259,841.	0.	42,663.	
(2) ELLEN FLENNIKEN, MANAGING DIRECTOR, DEVELOPMENT UNTIL AUG 2022	40.00					X	152,233.	0.	62,748.	
(3) EMILY KALTENBACH SR. DIRECTOR, CRIMINAL LEGAL&POLICIN	40.00					X	142,531.	0.	57,648.	
(4) THESHIA NAIDOO MANAGING DIRECTOR, LEGAL AFFAIRS	40.00					X	161,386.	0.	22,715.	
(5) JULES NETHERLAND MANAGING DIRECTOR, DRAE	40.00					X	152,808.	0.	27,498.	
(6) KIMBERLY THOMAS CHIEF OPERATING OFFICER	40.00			X			152,557.	0.	23,630.	
(7) BORIS SPORER DIRECTOR, INFORMATION TECHNOLOGY	40.00					X	139,054.	0.	31,765.	
(8) DEREK (OSCAR) HODEL PRESIDENT	2.00	X		X			0.	0.	0.	
(9) CHRISTINE DOWNTON TREASURER UNTIL MAR 2022	2.00	X		X			0.	0.	0.	
(10) ANTONIA HYMAN TREASURER	2.00	X		X			0.	0.	0.	
(11) PAMELA LICHTY SECRETARY	2.00	X		X			0.	0.	0.	
(12) JOY FISHMAN DIRECTOR UNTIL AUG 2022	1.00	X					0.	0.	0.	
(13) ALEJANDRO MADRAZO DIRECTOR	1.00	X					0.	0.	0.	
(14) SVANTE MYRICK DIRECTOR	1.00	X					0.	0.	0.	
(15) ANGELA PACHECO DIRECTOR	1.00	X					0.	0.	0.	
(16) KEMBA SMITH PRADIA DIRECTOR	1.00	X					0.	0.	0.	
(17) JOSIAH RICH, MD DIRECTOR	1.00	X					0.	0.	0.	





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	673,872.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	2,471,639.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	9,311,416.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 796.				
	<b>h Total.</b> Add lines 1a-1f .....		12,456,927.				
<b>Program Service Revenue</b>	<b>2 a</b> PUBLICATIONS AND VIDEOS	<b>Business Code</b>	611710	24,461.	24,461.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		24,461.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		7,132.			7,132.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	93,435.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	93,435.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	0.				
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> DRUG POLICY ACTION ADMIN	<b>Business Code</b>	900099	68,102.		68,102.	
	<b>b</b> REFUND		900099	11,337.		11,337.	
	<b>c</b> OTHER INCOME		900099	1,005.		1,005.	
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		80,444.				
<b>12 Total revenue.</b> See instructions .....		12,568,964.	24,461.	0.	87,576.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	819,213.	819,213.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	150.	150.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	555,019.	418,262.	66,663.	70,094.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	4,044,241.	3,183,105.	274,264.	586,872.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	283,537.	221,093.	20,822.	41,622.
9 Other employee benefits .....	588,371.	568,235.	4,275.	15,861.
10 Payroll taxes .....	157,298.	19,475.	46,689.	91,134.
11 Fees for services (nonemployees):				
a Management .....	211,821.	106,455.	61,126.	44,240.
b Legal .....	229,138.	154,359.	26,493.	48,286.
c Accounting .....	51,993.		51,993.	
d Lobbying .....	331,611.	331,611.		
e Professional fundraising services. See Part IV, line 17	367,658.			367,658.
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	84,413.	79,513.	1,223.	3,677.
12 Advertising and promotion .....	192,245.	172,896.		19,349.
13 Office expenses .....	268,980.	204,839.	20,625.	43,516.
14 Information technology .....	401,100.	268,988.	83,148.	48,964.
15 Royalties .....	28,325.			28,325.
16 Occupancy .....	354,889.	256,867.	24,595.	73,427.
17 Travel .....	39,893.	31,011.	4,358.	4,524.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	103,907.	62,607.	37,322.	3,978.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	216,362.	136,757.	9,109.	70,496.
23 Insurance .....	117,682.	85,601.	6,383.	25,698.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM FEES</b>	1,124,835.	1,124,835.		
b <b>PRINTING</b>	279,977.	206,948.	17,030.	55,999.
c <b>MEMBERSHIP/SUBSCRIPTION</b>	126,993.	98,739.	9,570.	18,684.
d <b>MAINTENANCE AND REPAIRS</b>	125,432.	91,791.	15,599.	18,042.
e All other expenses	32,155.	14,819.	8,085.	9,251.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>11,137,238.</b>	<b>8,658,169.</b>	<b>789,372.</b>	<b>1,689,697.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	1,114,274.	436,743.	0.	677,531.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,870,955.	<b>1</b>	7,719,307.
	<b>2</b> Savings and temporary cash investments .....	1,142,312.	<b>2</b>	1,142,637.
	<b>3</b> Pledges and grants receivable, net .....	8,880,323.	<b>3</b>	5,963,575.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	57,395.	<b>9</b>	54,481.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,441,051.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,056,177.	4,422,641.	<b>10c</b> 4,384,874.
	<b>11</b> Investments - publicly traded securities .....	415,707.	<b>11</b>	395,931.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	194,330.	<b>15</b>	216,161.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	19,983,663.	<b>16</b>	19,876,966.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	914,299.	<b>17</b>	1,766,705.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,341,616.	<b>23</b>	2,236,570.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,207,400.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,463,315.	<b>26</b>	4,003,275.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	5,379,154.	<b>27</b>	11,979,887.
	<b>28</b> Net assets with donor restrictions .....	9,141,194.	<b>28</b>	3,893,804.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	14,520,348.	<b>32</b>	15,873,691.
	<b>33</b> Total liabilities and net assets/fund balances .....	19,983,663.	<b>33</b>	19,876,966.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,568,964.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,137,238.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,431,726.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,520,348.
5	Net unrealized gains (losses) on investments	5	-26,593.
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	-51,790.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,873,691.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2021)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9497864.	13058914.	15147738.	16356443.	12456927.	66517886.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9497864.	13058914.	15147738.	16356443.	12456927.	66517886.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						28610540.
<b>6 Public support.</b> Subtract line 5 from line 4.						37907346.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	9497864.	13058914.	15147738.	16356443.	12456927.	66517886.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	24,659.	32,295.	27,073.	47,953.	100,567.	232,547.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		12614170.	43,148.	2,495.	80,444.	12740257.
<b>11 Total support.</b> Add lines 7 through 10						79490690.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	949,244.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	47.69 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	51.00 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gifts and controlled entities.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization benefits.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support notices, relationships, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1-3 regarding the Integral Part Test and activities test.

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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

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

OTHER INCOME

2018 AMOUNT: \$ 1,003.

2019 AMOUNT: \$ 5,148.

2020 AMOUNT: \$ 55.

2021 AMOUNT: \$ 1,005.

LOAN FORGIVENESS

2018 AMOUNT: \$ 12,613,167.

SETTLEMENT INCOME

2019 AMOUNT: \$ 28,000.

REFUND

2019 AMOUNT: \$ 10,000.

2020 AMOUNT: \$ 2,440.

2021 AMOUNT: \$ 11,337.

DRUG POLICY ACTION ADMIN

2021 AMOUNT: \$ 68,102.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

**DRUG POLICY ALLIANCE**

Employer identification number

**52-1516692**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>DRUG POLICY ALLIANCE</b>	Employer identification number  <b>52-1516692</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>2,361,322.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>2,207,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>1,600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>DRUG POLICY ALLIANCE</b>	Employer identification number  <b>52-1516692</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>264,239.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>258,216.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>DRUG POLICY ALLIANCE</b>	Employer identification number  <b>52-1516692</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____



Name of organization  <b>DRUG POLICY ALLIANCE</b>	Employer identification number  <b>52-1516692</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <b>DRUG POLICY ALLIANCE</b>	Employer identification number <b>52-1516692</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	42,778.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	342,465.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	385,243.													
<b>d</b>	Other exempt purpose expenditures	9,062,298.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	9,447,541.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	622,377.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	155,594.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total	
<b>2a</b>	Lobbying nontaxable amount	779,995.	711,035.	611,242.	622,377.	2,724,649.
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))					4,086,974.
<b>c</b>	Total lobbying expenditures	420,208.	661,122.	404,584.	385,243.	1,871,157.
<b>d</b>	Grassroots nontaxable amount	194,999.	177,759.	152,811.	155,594.	681,163.
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))					1,021,745.
<b>f</b>	Grassroots lobbying expenditures	13,986.	340,282.	78,500.	42,778.	475,546.

Schedule C (Form 990) 2021

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

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

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

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

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

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

**Part IV Supplemental Information**

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,340,092.	821,100.	3,518,992.
c Leasehold improvements		1,055,379.	290,967.	764,412.
d Equipment		995,670.	944,110.	51,560.
e Other		49,910.		49,910.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,384,874.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	12,699,582.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-26,593.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	63,776.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	93,435.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	130,618.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	12,568,964.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	12,568,964.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	11,346,239.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	63,776.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	145,225.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	209,001.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	11,137,238.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	11,137,238.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

DPA RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT DPA HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. DPA IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR THE PERIODS PRIOR TO 2019.

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

RECLASS OF RENTAL EXPENSES TO PART VIII 93,435.

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

LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT 1,790.





**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
FAIRCOM NEW YORK, INC. - 12 WEST 27TH STREET, 13TH FL, RMZ HOLDINGS, LLC - 5009 BELT RD NW, WASHINGTON, DC 20016	CAMPAIGN MANAGEMENT AND STRATEGIC PLANNING		X	808,890.	224,908.	583,982.
ELIZABETH JACOB (DBA BLUE STOCKING STRATEGY) - 3101 THE AVALON CONSULTING GROUP, INC. - 805 15TH STREET, NW,	FUNDRAISING/STRATEGIC PLANNING		X	0.	65,500.	-65,500.
	GRANT WRITER		X	0.	46,750.	-46,750.
	FUNDRAISING COUNSEL		X	0.	30,500.	-30,500.
<b>Total</b>				808,890.	367,658.	441,232.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- 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

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

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

(I) ADDRESS OF FUNDRAISER:

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

(I) NAME OF FUNDRAISER: RMZ HOLDINGS, LLC

(I) ADDRESS OF FUNDRAISER: 5009 BELT RD NW, WASHINGTON, DC 20016

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: ELIZABETH JACOB (DBA BLUE STOCKING STRATEGY)

(I) ADDRESS OF FUNDRAISER: 3101 LEGATION ST NW , WASHINGTON, DC 20015

(I) NAME OF FUNDRAISER: THE AVALON CONSULTING GROUP, INC.

(I) ADDRESS OF FUNDRAISER:

805 15TH STREET, NW, SUITE 700, WASHINGTON, DC 20005

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 \$10,000 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 ABUNDANCE STRATEGIES WAS RETAINED TO DEVELOP A FUNDRAISING PLAN TO SUPPORT THE ORGANIZATION'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 \$7,500 PER MONTH AS WELL AS THE REIMBURSEMENT OF EXPENSES IF PRE-APPROVED IN WRITING BY THE ORGANIZATION.

ELIZABETH JACOB (DBA BLUE STOCKING STRATEGY) WAS RETAINED FOR WRITING PROPOSALS, REPORTS, LETTERS OF INQUIRY, AND OTHER DONOR COMMUNICATIONS. THE AGREEMENT PROVIDES FOR THE PAYMENT FOR SERVICES OF \$9,000 PER MONTH.

**Part IV** Supplemental Information (continued)

THE AVALON CONSULTING GROUP, INC. WAS RETAINED FOR PROMOTION OF MAILING CAMPAIGNS THROUGHOUT THE YEAR. THE AGREEMENT PROVIDES FOR THE PAYMENT FOR SERVICES OF \$9,500 PER MONTH AS WELL AS OTHER COSTS AND FEES SET FORTH IN THE CONTRACT.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A NEW PATH 2527 DOUBLETREE ROAD SPRING VALLEY, CA 91978	33-0883927	501(C)3	25,000.	0.			TO REDUCE STIGMA AND BUILD A MOVEMENT OF PARENTS WHO WILL LEAD NEEDED DRUG POLICY REFORM
A NEW WAY OF LIFE REENTRY PROJECT 9512 SOUTH CENTRAL AVENUE LOS ANGELES, CA 90002	95-4782503	501(C)3	25,000.	0.			TO EXPAND ENGAGEMENT IN STATEWIDE/NATIONAL CRIMINAL JUSTICE ADVOCACY, SPECIFICALLY
ATLANTA HARM REDUCTION COALITION 1231 JOSEPH E BOONE BLVD ATLANTA, GA 30314	58-2227958	501(C)3	35,000.	0.			TO EDUCATE THE PUBLIC IN GEORGIA ON CANNABIS AND DRUG POLICY REFORM AND IMPROVE HIV/HCV PUBLIC
CALIFORNIA SOCIETY OF ADDICTION MEDICINE - ONE CAPITOL MALL SUITE 800 - SACRAMENTO, CA 95814	23-7364605	501(C)3	15,000.	0.			TO PROMOTE HARM REDUCTION AND OVERDOSE PREVENTION THROUGH THE PASSAGE OF LEGISLATION APPROVING
CENTER FOR LIVING AND LEARNING 14549 ARCHWOOD ST, 221 VAN NUYS, CA 91405	95-4406897	501(C)3	20,000.	0.			TO CHANGE ABSTINENT-BASED TREATMENT AND PROVIDER CULTURE IN SUPPORT OF DECRIMINALIZATION EFFORTS
CHICAGO URBAN LEAGUE 4510 S. MICHIGAN AVENUE CHICAGO, IL 60653	36-2225483	501(C)3	30,000.	0.			TO PASS A DEFELONIZATION BILL VIA MULTIPLE STRATEGIES, INCLUDING THE RELEASE OF A WHITE PAPER

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 35.**

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

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

Schedule I (Form 990) 2021

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO NON PROFIT DEVELOPMENT CENTER - DBA HARM REDUCTION ACTION CENTER, 789 SHERMAN STREET - DENVER, CO 80203	84-1493585	501(C)3	20,000.	0.			TO ADVOCATE FOR SOLUTIONS TO OVERDOSE, INCLUDING OVERDOSE PREVENTION SITES AND A SAFE DRUG SUPPLY.
DANCESAFE 12081 W ALAMEDA PKWY, #442 LAKEWOOD, CO 80228	94-3365608	501(C)3	15,000.	0.			TO ADVOCATE FORM COALITIONS AND POLICY CAMPAIGNS TO REFORM PARAPHERNALIA LAWS AND
FRESNO BARRIOS UNIDOS 4403 E TULARE AVE FRESNO, CA 93702	77-0363955	501(C)3	30,000.	0.			TO CREATE A PARENT MENTORSHIP PROGRAM FOCUSED ON YOUTH-LED WORKSHOPS, EDUCATING
HAWAII HEALTH & HARM REDUCTION CENTER - 677 ALA MOANA BLD, SUITE 226 - HONOLULU, HI 96813	99-0284222	501(C)3	15,000.	0.			TO FACILITATE PUBLIC DISCUSSION AND POLICY PROGRESS ON REDUCING CRIMINAL PENALTIES FOR
HIPS 906 H. STREET NE NE WASHINGTON, DC 20002	52-1847137	501(C)3	34,000.	0.			TO EXPAND THE CAPACITY OF ITS #DECRIMPOVERTYDC ADVOCACY PROGRAM TO REACH AND DIRECTLY SOLICIT
INSTITUTE OF THE BLACK WORLD 21ST CENTURY, INC. - 31-35 95TH STREET - EAST ELMHURST, NY 11369	30-0186895	501(C)3	25,000.	0.			TO SUPPORT LOCAL AND REGIONAL DRUG POLICY AND CRIMINAL JUSTICE REFORM EDUCATION AND
INTERCAMBIOS PUERTO RICO 165 CALLE DIEGO ZALDUONDO (ALTOS) FAJARDO, PR 00738	66-0731885	501(C)3	20,000.	0.			TO PROMOTE PUBLIC EDUCATION AND ADVOCACY CAMPAIGN FOCUSED ON DRUG USER HEALTH & RIGHTS.
INTERFAITH ALLIANCE OF COLORADO 1373 N GRANT STREET DENVER, CO 80203	84-1467640	501(C)3	20,000.	0.			TO SUPPORT ASSESS GROUNDWORK NECESSARY TO APPROACH A POTENTIAL BALLOT INITIATIVE IN 2024
INTERFAITH MOVEMENT FOR HUMAN INTEGRITY - 310 8TH STREET #310 - OAKLAND, CA 94607	91-2076672	501(C)3	20,000.	0.			TO SUPPORT WORK BUILDING GRASSROOTS LEADERSHIP, ENGAGING FAITH ALLIES, AND PROMOTING

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINO JUSTICE PRLDEF 475 RIVERSIDE DRIVE, SUITE 1901 NEW YORK, NY 10115	13-2722664	501(C)3	25,000.	0.			TO PROMOTE AN END TO THE FAILED WAR ON DRUGS AND UPLIFT SENSIBLE DRUG POLICY REFORMS.
MAINE ACCESS POINTS 51 HARPSWELL ROAD, EAST SUITE BRUNSWICK, ME 04011	82-5123216	501(C)3	15,000.	0.			TO DEVELOP POLICY AND ADVOCACY WORK; ENABLE MAP TO PAY PEOPLE DIRECTLY IMPACTED BY THE WAR ON
NETWORK ON WOMEN IN PRISON 4400 MARKET STREET OAKLAND, CA 94608	94-3080408	501(C)3	25,000.	0.			TO END MASS INCARCERATION, RESTORE HUMAN AND CIVIL RIGHTS, CREATE OPPORTUNITIES IN
PARTNERSHIP FOR SAFETY & JUSTICE 221 NW 2ND AVE., SUITE 209 PORTLAND, OR 97209	93-1277774	501(C)3	15,000.	0.			TO ENSURE THAT OREGON DECRIMINALIZES DRUG USE; EXPAND ACCESS TO RECOVERY AND HARM REDUCTION
PROTECT FAMILIES FIRST 11 ALMY STREET PROVIDENCE, RI 02909	46-0545147	501(C)3	15,000.	0.			TO IMPLEMENT OF THE COUNTRYS FIRST HARM REDUCTION CENTER, INCLUDING LOCAL
PUBLIC DEFENDER ASSOCIATION 110 PREFONTAINE PLACE SOUTH, SUITE SEATTLE, WA 98104	91-0852323	501(C)3	20,000.	0.			TO CONTINUE EXPANSION ACROSS THE STATE AND STRENGTHEN EFFORTS TO ORGANIZE DIRECTLY
SALVATION AND SOCIAL JUSTICE 320 COURTLAND STREET WOODBURRY, NJ 08096	83-1019858	501(C)3	25,000.	0.			TO ABOLISH PUNITIVE DRUG LAWS IN NJ THROUGH PUBLIC EDUCATION, LEGISLATIVE EDUCATION AND UTILIZING
SAMUEL DEWITT PROCTOR CONFERENCE, INC. - 4533 S. LAKE PARK AVE. - CHICAGO, IL 60653	06-1707903	501(C)3	20,000.	0.			TO BUILD THE CAPACITY OF BLACK FAITH LEADERS TO EDUCATE COMMUNITIES AND CONGREGATIONS ON A
SOCIAL AND ENVIROMENTAL ENTREPRENEURS - 23532 CALABASAS ROAD, SUITE A - CALABASAS, CA 91302	95-4116679	501(C)3	30,000.	0.			TO END THE FOSTER SYSTEMS POLICING AND PUNISHMENT OF FAMILIES AND TO CREATE A WORLD WHERE THE DIGNITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIAL GOOD FUND 12651 SAN PABLO AVE#5473 RICHMOND, CA 94805	46-1323531	501(C)3	20,000.	0.			TO CONTINUE CONVENING ITS AFFILIATE NETWORK, TO GET A MINIMUM OF 1000 RESPONSES TO THE CANNABIS
SOUTHERN TIER AIDS PROGRAM, INC. 22 RIVERSIDE DRIVE BINGHAMTON, NY 13905	16-1290951	501(C)3	15,000.	0.			TO SUPPORT CONTINUED ENGAGEMENT OF ITS CONSTITUENCY THROUGH QUARTERLY TOWN HALLS AND
TEXAS CENTER FOR JUSTICE AND EQUITY - 1714 FORTVIEW ROAD, SUITE 104 - AUSTIN, TX 78704	74-2969471	501(C)3	20,000.	0.			TO ENGAGE IN PUBLIC EDUCATION AROUND NEEDED DRUG POLICY REFORMS AND PUBLIC HEALTH APPROACHES.
TEXAS HARM REDUCTION ALLIANCE 1909 38TH 1/2 STREET SUITE C AUSTIN, TX 78723	83-3409121	501(C)3	20,000.	0.			TO BUILD ITS STATEWIDE ALLIANCE, ORGANIZE ITS MEMBERSHIP, AND ADVANCE HARM REDUCTION AND DRUG
THE BROTHERHOOD SISTER SOL, INC. 140 HAMILTON PLACE NEW YORK, NY 10031	13-3857387	501(C)3	12,000.	0.			TO SUPPORT YOUTH-LED ORGANIZING AND ADVOCACY PROJECT, THE DECARCERAL EDUCATION PROJECT, WHICH
THE FUND FOR A HEALTHIER COLORADO 303 EAST 17TH AVE, SUITE 405 DENVER, CO 80203	47-4101801	501(C)3	20,000.	0.			TO PREVENT BACKSLIDE BY CURRENT AND PROSPECTIVE ALLIES AND SET THE STAGE FOR PROGRESS ON DRUG
THE ORDINARY PEOPLE SOCIETY (TOPS) 403 WEST POWELL STREET DOTHAN, AL 36303	82-0587071	501(C)3	25,000.	0.			TO CONTINUE AND EXPAND THE ESTABLISHED WORK OF THE NEW BOTTOM LINE CAMPAIGN.
TRUTH PHARM P O BOX 424 BINGHAMTON, NY 13902	81-0718278	501(C)3	30,000.	0.			TO CONTINUE AND EXPAND ADVOCACY AT THE LOCAL, COUNTY, AND REGIONAL LEVEL TO INCREASE ACCESS
VOICES OF COMMUNITY ACTIVISTS AND LEADERS (VOCAL-NY) - 300 DOUGLASS STREET - BROOKLYN, NY 11217	13-4094385	501(C)3	60,500.	0.			TO IMPROVE LIVES AND REDUCE STIGMA, LAUNCH A CAMPAIGN TO DECRIMINALIZE ALL DRUGS IN NYS, AND

Schedule I (Form 990)



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

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

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

**PART I, LINE 2:**

DPA'S ADVOCACY GRANTS PROGRAM IS DIVIDED INTO TWO DISTINCT FUNDING POOLS, THE ANNUAL PROMOTING POLICY CHANGE PROGRAM (PPC), WHICH GRANTS ROUGHLY \$650,000 OVER THE COURSE OF THE FISCAL YEAR; AND THE MONTHLY SPECIAL OPPORTUNITIES PROGRAM, WHICH HAS THE CAPACITY TO GRANT \$150,000 OVER THE SAME PERIOD. THE GRANTS PROGRAM IS PROMOTED THROUGH DPA'S WEB SITE, OTHER DRUG POLICY WEBSITES, CONFERENCES, AND WEBINARS AND BY DPA STAFF IN ALL STATES WHERE DPA HAS A PRESENCE. GRANTS ARE OVERWHELMINGLY MADE TO ORGANIZATIONS THAT HAVE ACHIEVED 501(C)(3) STATUS AND THAT ORGANIZE AND

**Part IV** Supplemental Information

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: A NEW PATH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REDUCE STIGMA AND BUILD A MOVEMENT OF PARENTS WHO WILL LEAD NEEDED DRUG POLICY REFORM AND THE ADOPTION OF HARM REDUCTION STRATEGIES.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND ENGAGEMENT IN

**Part IV** Supplemental Information

STATEWIDE/NATIONAL CRIMINAL JUSTICE ADVOCACY, SPECIFICALLY THE DRUG WARS VICTIMIZATION OF WOMEN AND GIRLS AND THE ONGOING DETRIMENTAL IMPACT TO THEIR COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: ATLANTA HARM REDUCTION COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE THE PUBLIC IN GEORGIA ON CANNABIS AND DRUG POLICY REFORM AND IMPROVE HIV/HCV PUBLIC POLICY IN GEORGIA.

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA SOCIETY OF ADDICTION MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE HARM REDUCTION AND OVERDOSE PREVENTION THROUGH THE PASSAGE OF LEGISLATION APPROVING SAFE INJECTION SITES.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR LIVING AND LEARNING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CHANGE ABSTINENT-BASED TREATMENT AND PROVIDER CULTURE IN SUPPORT OF DECRIMINALIZATION EFFORTS IN 2024.

NAME OF ORGANIZATION OR GOVERNMENT: CHICAGO URBAN LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PASS A DEFELONIZATION BILL VIA MULTIPLE STRATEGIES, INCLUDING THE RELEASE OF A WHITE PAPER IN EARLY 2022.

NAME OF ORGANIZATION OR GOVERNMENT: DANCESAFE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVOCATE FORM COALITIONS AND POLICY CAMPAIGNS TO REFORM PARAPHERNALIA LAWS AND LEGALIZE DRUG CHECKING TOOLS.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FRESNO BARRIOS UNIDOS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE A PARENT MENTORSHIP

PROGRAM FOCUSED ON YOUTH-LED WORKSHOPS, EDUCATING PARENTS ON THE TENETS OF SAFETY FIRST; ADDRESS BENEFITS OF DECRIMINALIZATION IN ORDER TO DE-STIGMATIZE, BUILD INTERGENERATIONAL UNDERSTANDING AND SOLIDARITY, AND ULTIMATELY INCREASE ENGAGEMENT IN DRUG POLICY REFORM WORK LOCALLY.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII HEALTH & HARM REDUCTION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FACILITATE PUBLIC DISCUSSION AND POLICY PROGRESS ON REDUCING CRIMINAL PENALTIES FOR DRUG POSSESSION AND USE, LIBERALIZING STATE CANNABIS LAWS, AND STRENGTHENING HARM REDUCTION SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: HIPS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND THE CAPACITY OF ITS

#DECRIMPOVERTYDC ADVOCACY PROGRAM TO REACH AND DIRECTLY SOLICIT FEEDBACK FROM THE COMMUNITIES MOST IMPACTED BY CRIMINALIZATION AND THE PROPOSED LEGISLATION, IN ORDER TO DEVELOP A TRUE CITY-WIDE GRASSROOTS CAMPAIGN TO #DECRIMPOVERTY IN DC AND GENERAL SUPPORT.

NAME OF ORGANIZATION OR GOVERNMENT:

INSTITUTE OF THE BLACK WORLD 21ST CENTURY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT LOCAL AND REGIONAL DRUG POLICY AND CRIMINAL JUSTICE REFORM EDUCATION AND MOBILIZATION.

NAME OF ORGANIZATION OR GOVERNMENT: INTERFAITH ALLIANCE OF COLORADO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ASSESS GROUNDWORK

**Part IV** Supplemental Information

NECESSARY TO APPROACH A POTENTIAL BALLOT INITIATIVE IN 2024 VS. 2026 IN COLORADO REGARDING THE DECRIMINALIZATION OF DRUGS.

NAME OF ORGANIZATION OR GOVERNMENT:

INTERFAITH MOVEMENT FOR HUMAN INTEGRITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WORK BUILDING GRASSROOTS LEADERSHIP, ENGAGING FAITH ALLIES, AND PROMOTING NON-CARCERAL SOLUTIONS.

NAME OF ORGANIZATION OR GOVERNMENT: MAINE ACCESS POINTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP POLICY AND ADVOCACY WORK; ENABLE MAP TO PAY PEOPLE DIRECTLY IMPACTED BY THE WAR ON DRUGS AND PEOPLE WHO ARE ACTIVELY USING DRUGS WHO COLLABORATE WITH MAP ON THIS WORK.

NAME OF ORGANIZATION OR GOVERNMENT: NETWORK ON WOMEN IN PRISON

(H) PURPOSE OF GRANT OR ASSISTANCE: TO END MASS INCARCERATION, RESTORE HUMAN AND CIVIL RIGHTS, CREATE OPPORTUNITIES IN HOUSING AND EMPLOYMENT, AND TO REUNIFY FAMILIES TORN APART BY OUR JUSTICE SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT: PARTNERSHIP FOR SAFETY & JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENSURE THAT OREGON DECRIMINALIZES DRUG USE; EXPAND ACCESS TO RECOVERY AND HARM REDUCTION SERVICES FOR PEOPLE ACROSS THE STATE.

NAME OF ORGANIZATION OR GOVERNMENT: PROTECT FAMILIES FIRST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPLEMENT OF THE COUNTRYS FIRST HARM REDUCTION CENTER, INCLUDING LOCAL ORGANIZING AND COMMUNITY EDUCATION.



**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC DEFENDER ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE EXPANSION ACROSS THE STATE AND STRENGTHEN EFFORTS TO ORGANIZE DIRECTLY IMPACTED PEOPLE, AND TO ADVOCATE FOR POLICY CHANGES TO BENEFIT ITS COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION AND SOCIAL JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ABOLISH PUNITIVE DRUG LAWS IN NJ THROUGH PUBLIC EDUCATION, LEGISLATIVE EDUCATION AND UTILIZING MEDIA TO CHANGE THE CURRENT NARRATIVE AROUND DRUG USE.

NAME OF ORGANIZATION OR GOVERNMENT:

SAMUEL DEWITT PROCTOR CONFERENCE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD THE CAPACITY OF BLACK FAITH LEADERS TO EDUCATE COMMUNITIES AND CONGREGATIONS ON A HEALTH-BASED APPROACH TO DRUG POLICY.

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL AND ENVIROMENTAL ENTREPRENEURS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO END THE FOSTER SYSTEMS POLICING AND PUNISHMENT OF FAMILIES AND TO CREATE A WORLD WHERE THE DIGNITY AND INTEGRITY OF ALL FAMILIES IS VALUED AND SUPPORTED AND TO BUILD OUT A LOVING, HEALTHY COMMUNITY WITH AND AMONGST PEOPLE WORKING TO SHRINK THE FOSTER SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL GOOD FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE CONVENING ITS AFFILIATE NETWORK, TO GET A MINIMUM OF 1000 RESPONSES TO THE CANNABIS JUSTICE SURVEY, AND TO CREATE THE CANNABIS JUSTICE PLATFORM.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN TIER AIDS PROGRAM, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CONTINUED ENGAGEMENT OF ITS CONSTITUENCY THROUGH QUARTERLY TOWN HALLS AND TRAININGS ON TIMELY TOPICS.

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS HARM REDUCTION ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD ITS STATEWIDE ALLIANCE, ORGANIZE ITS MEMBERSHIP, AND ADVANCE HARM REDUCTION AND DRUG POLICY AT THE STATE AND LOCAL LEVEL.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT YOUTH-LED ORGANIZING AND ADVOCACY PROJECT, THE DECARCERAL EDUCATION PROJECT, WHICH EMPOWERS YOUNG PEOPLE OF COLOR TO DEVELOP INFORMED PERSPECTIVES ON SOCIETAL INEQUITIES, BASED ON THEIR PERSONAL EXPERIENCES WITH OPPRESSION AND GROUNDED IN HISTORICAL MOVEMENTS FOR RACIAL AND SOCIAL JUSTICE.

NAME OF ORGANIZATION OR GOVERNMENT: THE FUND FOR A HEALTHIER COLORADO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PREVENT BACKSLIDE BY CURRENT AND PROSPECTIVE ALLIES AND SET THE STAGE FOR PROGRESS ON DRUG DECRIMINALIZATION BY EQUIPPING THESE STAKEHOLDERS WITH COMPELLING, FACT-BASED MESSAGING.

NAME OF ORGANIZATION OR GOVERNMENT: TRUTH PHARM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE AND EXPAND ADVOCACY AT THE LOCAL, COUNTY, AND REGIONAL LEVEL TO INCREASE ACCESS TO HARM REDUCTION MEASURES AND DECREASE CARCERAL AND PUNITIVE SYSTEMS.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

VOICES OF COMMUNITY ACTIVISTS AND LEADERS (VOCAL-NY)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE LIVES AND REDUCE STIGMA, LAUNCH A CAMPAIGN TO DECRIMINALIZE ALL DRUGS IN NYS, AND GUIDE THE IMPLEMENTATION OF MAT IN PRISONS/JAILS IN NYS AND TO PROMOTE A HEALTH EQUITY APPROACH TO DRUG USE IN NEW YORK BY COLLABORATING WITH COMMUNITY AND ADVOCACY PARTNERS TO SUPPORT CAMPAIGNS AND PRODUCE POLICY-RELEVANT MATERIALS.

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A SERIES OF ENGAGEMENT CONVERSATIONS ON DRUG DECRIMINALIZATION IN CALIFORNIA WITH GRASSROOTS, IMMIGRANT AND LATINO POLITICAL INFLUENCERS.

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN WITH A VISION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE COMMUNITY AWARENESS CONCERNING DRUG POLICY ISSUES, IN PARTICULAR CONTINUED EDUCATION FOR COMMUNITY MEMBERS TO UNDERSTAND THE DRUG WAR AS A DRIVER FOR INCREASED CRIMINALIZATION AND INCARCERATION.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**DRUG POLICY ALLIANCE**

Employer identification number

**52-1516692**

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KASSANDRA FREDERIQUE EXECUTIVE DIRECTOR	(i)	249,679.	10,000.	162.	25,438.	17,225.	302,504.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELLEN FLENNIKEN, MANAGING DIRECTOR, DEVELOPMENT UNTIL AUG 2022	(i)	145,889.	6,200.	144.	15,872.	46,876.	214,981.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EMILY KALTENBACH SR. DIRECTOR, CRIMINAL LEGAL&POLICIN	(i)	137,022.	5,239.	270.	13,196.	44,452.	200,179.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THESHIA NAIDOO MANAGING DIRECTOR, LEGAL AFFAIRS	(i)	155,158.	5,958.	270.	15,007.	7,708.	184,101.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JULES NETHERLAND MANAGING DIRECTOR, DRAE	(i)	146,455.	5,939.	414.	9,147.	18,351.	180,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KIMBERLY THOMAS CHIEF OPERATING OFFICER	(i)	151,976.	0.	581.	0.	23,630.	176,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BORIS SPORER DIRECTOR, INFORMATION TECHNOLOGY	(i)	132,872.	5,408.	774.	13,757.	18,008.	170,819.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 7:

INDIVIDUALS RECEIVED A BOARD APPROVED PERFORMANCE-BASED BONUS AS INCLUDED  
IN PART II, COLUMN (B)(II). THIS AMOUNT IS INCLUDED IN THEIR REPORTABLE  
COMPENSATION.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

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

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

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

STANDING IN OUR WAY IS THE HALF-CENTURY-LONG WAR ON DRUGS. IT IS REALLY A WAR ON PEOPLE - BY DESIGN IT TARGETS THOSE WHO ARE BLACK, LATINX, INDIGENOUS, AND CASH-POOR.

THE DRUG POLICY ALLIANCE AIMS TO END THE DRUG WAR, REPAIR ITS HARMS, AND BUILD A BETTER APPROACH TO DRUGS GROUNDED IN SCIENCE, COMPASSION, HEALTH, EQUITY, AND HUMAN RIGHTS. WE ENVISION A JUST SOCIETY 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.

SINCE 2000, WE HAVE ADVOCATED AT EVERY LEVEL TO CHANGE LAWS, ADVANCE JUSTICE, AND SAVE LIVES. THE POLICIES WE HAVE INFLUENCED HAVE IMPROVED THE CIRCUMSTANCES OF MILLIONS OF PEOPLE, BY SHRINKING THE SCOPE OF THE CRIMINAL LEGAL SYSTEM TO REDUCE ARRESTS AND INCARCERATION, AND BY EXPANDING HEALTH SERVICES FOR THOSE WHO USE DRUGS.

THE DRUG POLICY ALLIANCE HAS BEEN AT THE VANGUARD OF EVERY MAJOR POSITIVE EVOLUTION IN DRUG POLICY IN THE UNITED STATES IN THE PAST TWO DECADES. MANY OF OUR STATE-LEVEL VICTORIES WERE THE FIRST OF THEIR KIND, FROM ENDING MARIJUANA PROHIBITION, TO DECRIMINALIZING POSSESSION

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

Schedule O (Form 990) 2021

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
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OF ALL DRUGS, TO EXPANDING ACCESS TO OPIOID OVERDOSE REVERSAL MEDICATION, AND MORE. HERE IS HOW WE MANAGE TO MAKE AN IMPACT THAT FAR EXCEEDS OUR SIZE:

1) LEADING CAMPAIGNS. WE DEVELOP AND LEAD INNOVATIVE CAMPAIGNS TO ENACT LOCAL, STATE, AND FEDERAL REFORMS BY CRAFTING POLICY PROPOSALS GROUNDED IN EVIDENCE, DEVELOPING POLITICAL AND COMMUNICATIONS STRATEGIES, EDUCATING AND PERSUADING POLICYMAKERS, BUILDING COALITIONS, AND MOBILIZING OUR SUPPORTERS.

2) SUPPORTING GRASSROOTS LEADERSHIP. WE SUPPORT CAMPAIGNS LED BY OUR ALLIES SHARING OUR EXPERTISE IN POLICY DRAFTING, DATA AND RESEARCH, POLITICAL STRATEGY AND ADVOCACY, AND MESSAGE DEVELOPMENT, AND CONNECTIONS TO FUNDING AND OTHER MOVEMENT LEADERS. WE ALSO SUPPORT LOCAL GROUPS IMPLEMENTING OUR HARD-WON REFORMS, WHILE WE MONITOR THE GOVERNMENT AGENCIES INVOLVED.

3) SHAPING THE CONVERSATION. WE SHIFT NARRATIVES THAT PERPETUATE HARM AND STIGMA, LEVERAGE COMMUNICATIONS TO ADVANCE SPECIFIC CAMPAIGNS, AND PRODUCE CUTTING-EDGE ANALYSES AND IDEAS ABOUT DRUG POLICY TO EXPAND THE KNOWLEDGE BASE AND INFORM OUR AGENDA.

4) BUILDING THE MOVEMENT. WE SERVE AS THE CULTIVATOR AND CONVENER OF THE DRUG POLICY REFORM MOVEMENT, AND AS A CAPACITY-BUILDING HUB FOR OTHER JUSTICE MOVEMENTS WHOSE ISSUES ARE HARMED BY THE DRUG WAR. WE FORGE DEEP AND LASTING PARTNERSHIPS WITH ALLIED ORGANIZATIONS, AND SEEK TO BUILD POWER AMONG GROUPS ORGANIZING WITH PEOPLE WHO USE DRUGS AND THOSE MOST IMPACTED BY RACIST DRUG POLICIES.



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

HIGHLIGHTS FROM THE PAST YEAR:

- DEVELOPED AND SUPPORTED CAMPAIGNS TO ADVANCE OUR POLICY MODEL IN MORE THAN A DOZEN STATES
- CONVENED A NATIONAL ADVOCACY TABLE FOR ALLIES TO PROVIDE TECHNICAL ASSISTANCE TO ALLIES
- SUPPORTED THE IMPLEMENTATION OF DECRIMINALIZATION POLICIES
- ADVANCED OVERDOSE PREVENTION CENTERS

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

- SPEARHEADED EFFORTS TO REPEAL MARIJUANA PROHIBITION IN CONGRESS
- SUPPORTED EFFORTS TO DECRIMINALIZE MARIJUANA IN SEVERAL JURISDICTIONS
- ADVOCATED FOR THE FAITHFUL IMPLEMENTATION OF THE GROUNDBREAKING RACIAL EQUITY AND SOCIAL JUSTICE PROVISIONS IN NEW YORK'S LEGALIZATION LAW.

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

HIGHLIGHTS FROM THE PAST YEAR:

- DEVELOPED A CAMPAIGN TO ELIMINATE WORKPLACE DRUG TESTING FOR PRIOR MARIJUANA USE, IN PARTNERSHIP WITH ORGANIZING FIGHTING FOR ECONOMIC JUSTICE
- SUPPORTED CAMPAIGNS TO ELIMINATE NONCONSENSUAL DRUG TESTING OF PREGNANT PEOPLE AND THOSE GIVING BIRTH, IN PARTNERSHIP WITH

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
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## ORGANIZATIONS FIGHTING FOR REPRODUCTIVE AND FAMILY JUSTICE

- ADVANCED A REPEAL TO THE BANS ON SNAP AND TANF BENEFITS FOR PEOPLE WHO USE DRUGS AND THOSE WITH FELONY DRUG CONVICTIONS

- HOSTED A DRUG RESEARCHERS' ROUNDTABLE, A MONTHLY VIRTUAL MEETING FOR ACADEMICS AND RESEARCHERS IN THE FIELD OF DRUG POLICY, CRIMINOLOGY, AND ADDICTION AND RELATED FIELDS TO PRESENT THEIR WORK TO FELLOW SCHOLARS, ACADEMICS, RESEARCHERS, AND DRUG POLICY ADVOCATES.

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

OTHER PROGRAM SERVICES INCLUDE CONFERENCES AND SPECIAL PROJECTS.

DPA FUNDS AND PARTNERS WITH STATE-BASED, CONSTITUENCY-BASED, SINGLE-ISSUE, AND SMALLER NATIONAL ORGANIZATIONS. WE DISBURSED \$800,000 TO ROUGHLY 40 ORGANIZATIONS ANNUALLY THROUGH OUR GRANTS PROGRAM AND PROVIDE TECHNICAL ASSISTANCE TO OUR NETWORK OF FUNDED PARTNERS. WE ALSO FORM ALLIANCES WITH NON-DRUG POLICY GROUPS ON SPECIFIC SHARED PRIORITIES, FACILITATE REGIONAL CONNECTIONS AMONG ALLIES, ENGAGE PROMINENT ORGANIZATIONS ACROSS THE POLITICAL SPECTRUM, AND CULTIVATE TARGETED CONSTITUENCIES. EVERY OTHER YEAR WE HOST THE INTERNATIONAL DRUG POLICY REFORM CONFERENCE, THE PREMIER GATHERING OF THE REFORM MOVEMENT (THIS HAS BEEN TEMPORARILY SUSPENDED SINCE DUE TO THE COVID-19 PANDEMIC).

HIGHLIGHTS FROM THE PAST YEAR:

- SUPPORTED 31 ORGANIZATIONS THROUGH THE PROMOTING POLICY CHANGE FUND OF OUR ADVOCACY GRANTS PROGRAM

- SUPPORTED 8 ORGANIZATIONS THROUGH THE SPECIAL OPPORTUNITIES FUND OF

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## OUR ADVOCACY 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 CRIMINAL IMMIGRATION PRACTICES, AND MORE.

EXPENSES \$ 2,707,876. INCLUDING GRANTS OF \$ 819,363. REVENUE \$ 24,461.

## FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION AMENDED ITS BYLAWS DURING THE TAX YEAR. THE CHANGES INCLUDED THE FOLLOWING PRINCIPAL REVISION, IN ADDITION TO OTHER SMALLER CHANGES:

- TERM LIMITS FOR DIRECTORS, LIMITING EACH TO SERVE TWO CONSECUTIVE THREE-YEAR TERMS AND REQUIRING THEM TO WAIT A YEAR BEFORE RUNNING AGAIN.

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

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

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

DRUG POLICY ALLIANCE HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO BOARD MEMBERS AND OFFICERS. EACH BOARD MEMBER AND OFFICER MUST ANNUALLY SIGN AND SUBMIT TO THE EXECUTIVE DIRECTOR A STATEMENT DISCLOSING THEIR

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
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AWARENESS OF THE POLICY AND DISCLOSING ANY POTENTIAL CONFLICTS OF INTEREST.

IF A POTENTIAL OR ACTUAL CONFLICT IS DISCLOSED AT ANY TIME, THE AUDIT & FINANCE COMMITTEE REVIEWS THE MATERIAL FACTS AND CIRCUMSTANCES. IF IT IS ESTABLISHED THAT AN ACTUAL CONFLICT EXISTS, THE INDIVIDUAL WILL BE NOTIFIED IMMEDIATELY AND WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY DISCUSSIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT UNTIL THE CONFLICT IS RESOLVED. AT THE REQUEST OF THE AUDIT & FINANCE COMMITTEE, THE INTERESTED PERSON MAY PROVIDE INFORMATION REGARDING THE TRANSACTION PRIOR TO THE DELIBERATIONS OF THE BOARD.

ANY DISCUSSION REGARDING THE CONFLICT OF INTEREST TRANSACTION IS DOCUMENTED IN THE MINUTES OF THE BOARD MEETINGS, REFLECTING THE CONFLICT OF INTEREST THAT WAS DISCLOSED, THE NAME OF THE INTERESTED PERSON, AND THE FINAL DETERMINATION AND DECISION.

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 2022.

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

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OK, OR, PA, RI, SC  
TN, UT, VA, WV, WI

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

THE ORGANIZATION'S FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, AS WELL AS GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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

LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT	-1,790.
LOSS ON UNCOLLECTIBLE PLEDGE	-50,000.
TOTAL TO FORM 990, PART XI, LINE 9	-51,790.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS AN AUDIT & FINANCE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.