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Form **990-EZ**

OMB No 1545-1150 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Α	For th	e 2008 calendar year, or tax year beginning and	ending				
В	Check if		-	D Emp	loyer ic	tentification number	
Ļ	Addres chang Name	label or l			2 21	206201	
F	chang Initial	type Number and street (or P.O. boy if mail is not delivered to street address)			296291		
F	return Term	,		E Telephone number 202–293–4414			
7	- ation Amer	msudc-	300		F Group Exemption		
7	retum Applic pendir			1	up Exei 1ber ▶	•	
		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed	G Accou			Cash X Accrual	
	- 000	Schedule A (Form 990 or 990-EZ).		specify		Oddii Addidai	
ī	Websit	e: ► WWW.SSDP.ORG	H Check		_	ne organization is not	
						ule B (Form 990, 990-EZ, or 990-PF)	
	Check						
_	reguire	d, but if the organization chooses to file a return, be sure to file a complete return	•			· 	
L	Add lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead	of Form 990-EZ)	▶ \$	284,836.	
P	art l	Revenue, Expenses, and Changes in Net Assets or Fund Balance	S (See the instr	uctions	for Par	tl)	
	1	Contributions, gifts, grants, and similar amounts received	•		1	273,216.	
	2	Program service revenue including government fees and contracts		1	2	<u> </u>	
	3	Membership dues and assessments			3		
	4	Investment income .		-	4	257.	
	5a	Gross amount from sale of assets other than inventory 5a		\longrightarrow			
S	p	Less cost or other basis and sales expenses 5b					
\Rightarrow	C	Gain or (loss) from sale of assets of a state of the stat	le)		5c		
Z 2	6		g, check here	`			
SCANNED SCANNED	а	1001 4 0 0010			1		
J"	h	reported on line 1) JAN 1 2 2010 Ga Less direct expenses other than fundraising expenses Gb	_				
 <r< td=""><td></td><td>Net income or (loss) from special events and activities (Subtract line 6b from line 6a)</td><td></td><td></td><td>6c</td><td></td></r<>		Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c		
N	7a	Gross sales of inventory, less returns and allowances 7a		-	OL		
) = 4	b	Less cost of goods sold . 7b					
:9	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		
2010	8	Other revenue (describe		١ , ١	8		
♂_	9_	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	284,836.	
	10	Grants and similar amounts paid (attach schedule) STMT 6			10	13,582.	
	11	Benefits paid to or for members			11		
es	12	Salaries, other compensation, and employee benefits			12	<u>147,907.</u>	
sesued	13	Professional fees and other payments to independent contractors		1	13	41,690.	
Ē	14		TEMENT	5	14	18,285.	
_	15	Printing, publications, postage, and shipping		. }	15	6,466.	
	16	Other expenses (describe SEE STA	TEMENT	1)	16	67,042.	
	17	Total expenses. Add lines 10 through 16		•	17	294,972.	
ts	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		-	18	-10,136.	
SSe	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			40	157,716.	
Net Assets	20	Other changes in net assets or fund balances (attach explanation)		-	19		
ž	21	Net assets or fund balances at end of year Combine lines 18 through 20	•		20	147,580.	
P	art II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form	990 instead of	Form 9		11773001	
•	344 6 15	(0.41	(A) Beginning o			(B) End of year	
22	2 Cas	h, savings, and investments	```	896	- 22	68,722.	
23		d and buildings			23		
24		er assets (describe SEE STATEMENT 2)	94,	563		87,562.	
25	5 Tot	il assets	185,	459	- 25	156,284.	
20	5 Tot	at liabilities (describe ► SEE STATEMENT 3)		743		8,704.	
2	7 Net	assets or fund balances (line 27 of column (B) must agree with line 21)	157,	716	. 27	147,580.	
832 12-	2171 17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.		0 4		Form 990-EZ (2008)	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 2

Form **990-EZ** (2008)

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	m 990-EZ (2008) STUDENTS FOR SENSIBLE DRU			<u> 52-</u>	- <u>22962</u>	91 Page 2
	art III Statement of Program Service Accomplishme		Part III)		E	rpenses
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	Г 9		-	(Required	for 501(c)(3)
	cribe what was achieved in carrying out the organization's exempt purposes. In		escribe the services		1 and (4) or	ganizations and) trusts, optional
	vided, the number of persons benefited, or other relevant information for each p				for others) trusts, optional
	SEE STATEMENT #10					<u>, </u>
		· · · · · · · · · · · · · · · · · · ·				
	12 592 \\(\text{V}\)			 1		227 122
	(Grants \$ 13,582.) If this amount includes foreign	grants, check here		ليبا	28a	227,132.
29						
					ł	
				_		
	(Grants \$) If this amount includes foreign	grants, check here	>		29a	
30						
						
	(Constant)	anada abadak an	•		000	
	(Grants \$) If this amount includes foreign	grants, cneck nere			30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign	grants, check here			31a	
	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	227,132.
P	art IV List of Officers, Directors, Trustees, and Key I	Employees. List each one en	ven if not compensated	(See the	einstructions	for Part IV)
					ontributions	
	(a) Name and address	(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to position	(If not paid, enter -0)		fit plans & eferred	account and other allowances
		position	-0,		pensation	otilei allowalices
					ponoution	
	SEE STATEMENT 8	-	F1 200	2	060	
_	SEE STATEMENT 0		51,200.		,069.	
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Ра	T V Other Information (Note the statement requirements in the instructions for Part VI.)			
			res N	
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X X
	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes," attach a conformed copy of the changes	34	- 4	<u>^</u>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T	1		
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy		Ι.	
	tax requirements?	35a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	_
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	- 2	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	- 1		
	in a prior year and still unpaid at the start of the period covered by this return?	38a		<u>X</u>
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		-	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ ; section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or		İ	
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	2	X
41	List the states with which a copy of this return is filed DC , CA			
42 a	The books are in care of ► THE ORGANIZATION Telephone no. ► 202-29	3-44	14	
	Located at ► 1623 CONNECTICUT AVE. NW, WASHINGTON, DC ZIP+4 ► 20	0009)	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	_		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	,	Yes N	10
	account)?	42b		X_
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ [
-	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		ſ	Yes N	lo
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
***	Form 990-EZ	44		X
45	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			•
70	completed instead of Form 990-EZ	45		X
			n-F7 (20	

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	ne organization engage in direct or indirect political campaign activiti	es on behalf of or in opposition to o	candidates for public	;	Ye	s No
	? If "Yes," complete Schedule C, Part I			!	46	X
	ne organization engage in lobbying activities? If "Yes," complete S			-	47	X
	organization operating a school as described in section 170(b)(1)(A		ule E	_	48	Х
	e organization make any transfers to an exempt non-charitable relat	ed organization?		ļ	49a >	
	s," was the related organization(s) a section 527 organization?			Į	49b	X
-	plete this table for the five highest compensated employees (other the impensation from the organization of there is none, enter "None"	an officers, directors, trustees and	key employees) who	o each received m	ore than \$	100,000
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contribution to employee benefit plans & deferred compensation	(E) E	kpense ant and lowance
otal numt	per of other employees paid over \$100,000					
1 Comp	olete this table for the five highest compensated independent contraction, enter "None" NONE (a) Name and address of each independent contractor paid me		\$100,000 of compe		organization	
i1 Comp	olete this table for the five highest compensated independent contractive, enter "None" NONE					
i1 Comp	olete this table for the five highest compensated independent contractive, enter "None" NONE					
is nor	olete this table for the five highest compensated independent contractione, enter "NONE (a) Name and address of each independent contractor paid more and address of each independent contractor paid more and address of each independent contractor paid more and address of each independent contractors each receiving over \$100,000	ore than \$100,000	(b) Type of se	rvice (i	c) Comper	sation
otal numb	Detect this table for the five highest compensated independent contractions, enter "NONE (a) Name and address of each independent contractor paid may be referred to the receiving over \$100,000. Under penalties of penumy declare that I have examined this return, including correct, and conjugate Declaration of preparer (other than officer) is based on Signature of office.	g accompanying schedules and statemer all information of which preparer has any	(b) Type of se	rvice (i	c) Comper	sation
is nor is nor	Detect this table for the five highest compensated independent contractions, enter "NONE (a) Name and address of each independent contractor paid may be referred to the receiving over \$100,000. Under penalties of penumy declare that I have examined this return, including correct, and conjugate Declaration of preparer (other than officer) is based on Signature of office.	g accompanying schedules and statemer	(b) Type of se	rvice (i	c) Comper	sation
otal numb	Detect this table for the five highest compensated independent contractor, enter "NONE" (a) Name and address of each independent contractor paid miles of the receiving over \$100,000. Under penalties of period, declare that I have examined this return, includin correct, and contractor Declaration of preparer (other than officer) is based on Signature of office. Type or print name and title.	g accompanying schedules and statemer all information of which preparer has any cutive Direct Date 08/07/09 em	(b) Type of se	rvice (i	c) Comper	sation
otal numb	Deer of other independent contractors each receiving over \$100,000 Under penalties of penalty Medicare that I have examined this return, including correct, and contract Declaration of preparer (other than officer) is based on	g accompanying schedules and statemer all information of which preparer has any cutive Direct Date 08/07/09 em	(b) Type of se	ny knowledge and be Date Date parer's Identifying N	ief, it/s true	sation
Total numb Sign Here Paid Preparer's Jse Only	Detect this table for the five highest compensated independent contractor, ener, enter "None" NONE (a) Name and address of each independent contractor paid me or of other independent contractors each receiving over \$100,000. Under penalties of penum, declare that I have examined this return, including correct, and contractors of preparer (other than officer) is based on Signature of office. Type or print name and title. Preparer's signature. MAY & BARNHARD, PC, Contractors of the preparer of the penum	g accompanying schedules and statemer all information of which preparer has any Direct Date 08/07/09 em	(b) Type of se	TVICE (I	ief, it/s true	sation

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008 Open to Public Inspection

Name o	f the	organizatio	r

Employer identification number

			S FOR SENSIE						52	-2296291	
Part I	Reason	for Public Char	ity Status (All organi	zations mu	st complet	te this par	t.) (see ins	tructions)	_		
The organ	ization is not a	a private foundation	because it is: (Please ch	neck only o	ne organiz	zation)					
1 🔲	A church, co	nvention of churches	s, or association of chui	rches desc	nbed in se	ction 170	(b)(1)(A)(i).			
2	A school des	scribed in section 17	'0(b)(1)(A)(ii). (Attach So	chedule E.)							
з 🔲			tal service organization			170(b)(1)	(A) (iii). (At	tach Sche	dule H.)		
4		-	operated in conjunction						-	ne hospital's name.	
- —	city, and stat		-,					1-71-71		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5 🔲	•		benefit of a college or u	niversity o	wned or or	perated by	/ a govern	mental unr	t describe	d in	
<u> </u>		(b)(1)(A)(iv). (Comple	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a govern		. 000000		
s [ent or governmental un	it dasarba	d in coatio	- 170/h\/:	41/41/64				
7 🗓		•	eives a substantial part					6 46		مراحما سممماء مراطري	
الفقا ،				or its supp	on nom a	governin	entai onit C	or monn the	general p	addic described in	
. \Box		(b)(1)(A)(vi). (Comple	•	(Camalata	D=4 II)						
8 -			ection 170(b)(1)(A)(vi).								
9 📖			eives: (1) more than 33								
			nctions - subject to certa							-	
			axable income (less sec	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	nization a	fter June 30, 1975.	
		509(a)(2) . (Complete	•								
10			perated exclusively to te								
11 📖			perated exclusively for the					-		-	
			ations described in secti				2). See se e	ction 509(a	a)(3). Che	ck the box that	
		- · · · <u></u>	organization and compl		-						
	а 🔛 Туре	l b∟	_l Type II	с 📖 Тур	e III • Func	tionally in	tegrated		d 🗀	Type III - Other	
e 📖	By checking	this box, I certify that	it the organization is not	t controlled	directly o	r indirectly	by one o	r more disc	qualified p	ersons other than	
	foundation m	nanagers and other t	han one or more publict	y supporte	ed organiza	ations des	cribed in s	ection 509	(a)(1) or s	ection 509(a)(2).	
f	If the organiz	ration received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		_	
	supporting o	rganization, check th	nis box							[
g	Since Augus	t 17, 2006, has the c	organization accepted a	ny gift or c	ontribution	from any	of the foll	owing pers	sons?		
	(i) A perso	n who directly or ind	rectly controls, either a	lone or tog	ether with	persons o	described	ın (ii) and (i	ii) below,	Yes N	No
	the gov	eming body of the si	upported organization?							11g(i)	
	(ii) A family	member of a persor	n described in (i) above?	?						11g(ii)	
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) above	e?					11g(iii)	_
h			about the organizations			ports.				<u></u>	_
		J									
(i) Name	of our norted	/iii FINI	(iii) Type of	(iv) is the c	rganization	(v) Did vo	u notify the	(vi) Is	the	(-II) A	
• •	of supported anization	(ii) EIN	organization		sted in your			organizatio	n in col	(vii) Amount of	
orga	amzation		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U S	ed in the	support	
			(see instructions))	Yes	No	Yes	No	Yes	No		
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Total				<u> </u>			<u> </u>				
I HA For S	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see t	he instruc	tions for F	orm 990		Schedule	A (Form	990 or 990-EZ) 20	ากล

Schedule A (Form 990 or 990-EZ) 2008 STUDENTS FOR SENSIBLE DRUG POLICY FNDT 52-2296291 Page 2

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 205,921. 197,201. 319,631. 273,216. 1146384. 150,415. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 150,415. 205,921. 197,201. 319,631. 273,216. 1146384. Total. Add lines 1 - 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 645,498. 6 Public Support. Subtract line 5 from line 4 500,886. Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2006 (a) 2004 (b) 2005 (d) 2007 (e) 2008 (f) Total 150,415. 205,921. 197,201. 319,631. 273,216 1146384. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 134 257 391. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 1,589 1,589. assets (Explain in Part IV.) 1148364. 11 Total support. Add lines 7 through 10 58,627. 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 43.62 14 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 43.68 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 % 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright \boxed{X}$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more. and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990 or 990-EZ) 2008

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Section A. Public Support	gamzations	Described III	Section 303(a	//~/ (Complete only	if you checked the b	ox on line 9 of Part I
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and	1-7,	12,222	10/2400	(G/ 2007	(e) 2000	(i) rotai
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,				 		
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose			 		-	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to		-				
or expended on its behalf						
5 The value of services or facilities		1				
furnished by a governmental unit to				1		
the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					}	
b Amounts included on lines 2 and 3 received		1	-			
from other than disqualified persons that						
exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b					 	
<u> </u>		 			1	
8 Public support (Subtract line 7c from line 6) Section B. Total Support		<u> </u>		1	1	
	(-) 0004	(h) 0005	4-1 0000	/ n 0007	1 (1000	(a =
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6		 			1	 -
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income				1		
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain				 		_
or loss from the sale of capital						
assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the	the ergenization	's first second the		2 Y Y 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	20 E01(a)(3) eressi	l
_	the organization	s iirst, second, thii	a, lourth, or little	ax year as a secur	on 50 r(c)(5) organiz	ation,
check this box and stop here Section C. Computation of Public	- Support De					
				 -	45	
15 Public support percentage for 2008 (Irr		•	column (t))		15	9
16 Public support percentage from 2007				<u> </u>	16	
Section D. Computation of Inves					T 1	
17 Investment income percentage for 200					17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2008. If the c						7 is not
more than 33 1/3%, check this box an						▶∟
b 33 1/3% support tests - 2007. If the c						and
line 18 is not more than 33 1/3%, chec	k this box and s	stop here. The orga	anızatıon qualifies	as a publicly supp	orted organization	▶ <u></u>
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	▶ □
			-	Sc	hedule A (Form 99	0 or 990-EZ) 200

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
ADVERTISING			444	4.
AWARDS			331	1.
BANK CHARGES			655	5 .
INTEREST EXPENSE			344	4.
BOOKS & INFORMATION			105	5 .
IRAINING			1,305	5 .
DUES & SUBSCRIPTIONS			120	0
CONFERENCE & EVENT COSTS			20,940	0 .
EQUIPMENT RENTAL			3,000	0 .
INSURANCE EXPENSE			2,775	5 ,
PRODUCTION VIDEO			1,412	
SUPPLIES			3,311	
TELEPHONE			2,687	
TRAVEL			18,404	
PROGRAM EXPENSES			9,023	
INTERNET COSTS			1,874	
WEBSITE COSTS			312	2.
TOTAL TO FORM 990-EZ, LINE 16			67,042	2.
FORM 990-EZ	OTHER ASSETS		STATEMENT	
			<u> </u>	_
DESCRIPTION		BEG. OF YEAR	END OF YEAR	R
ACCOUNTS RECEIVABLE		480.	508	8 ,
PREPAID EXPENSES		510.	890	
GRANTS RECEIVABLE		90,240.	79,000	٥,
DEPOSITS		0.	1,567	
CONTRIBUTIONS RECEIVABLE		0.	3,280	0.
OTHER DEPRECIABLE ASSETS		3,333.	2,317	
TOTAL TO FORM 990-EZ, LINE 24		94,563.	87,562	2 ·
				_
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	
DESCRIPTION		BEG. OF YEAR	END OF YEAR	R
	PENSES	22,666.	3,627	- 7،
DUE TO RELATED PARTY		5,077.	5,077	
TOTAL TO FORM 990-EZ, LINE 26		27,743.	8,704	_
TOTAL TO BOOM GGOERY LINE IN		////	¥ /n/	41

FOOTNOTES

STATEMENT

PAGE 4, PART VI, 49A THE ORGANIZATION IS RELATED TO THE STUDENTS FOR SENSIBLE DRUG POLICY, INC., A 501(C)(4) ORGANIZATION. THE ORGANIZATION'S MAINTAIN SEPARATE ACCOUNTS AND FINANCES BUT ARE RELATED BY COMMON MANAGEMENT AND SHARED EMPLOYEES.

			
FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MA	AINTENANCE	STATEMENT	5
DESCRIPTION		AMOUNT	
DEPRECIATION OTHER EXPENSES		1,0 17,2	
TOTAL TO FORM 990-EZ, LINE 14		18,2	85.
FORM 990-EZ CASH GRANTS AND ALLOCATE	IONS	STATEMENT	6
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUN'	T
SCHOLARSHIPS VARIOUS - NONE \$5,000 OR ABOVE C/O STUDENTS FOR SENSIBLE DRUG POLICY FOUNDATION 1623 CONNECTICUT AVE., NW WASHINGTON, DC 20009	NONE	13,1	46.
HONORARIUM DIANE RILEY C/O STUDENTS FOR SENSIBLE DRUG POLICY FOUNDATION 1623 CONNECTICUT AVE., NW WASHINGTON, DC 20009	NONE	2	95.
CONTRIBUTION NORML ESCROW C/O STUDENTS FOR SENSIBLE DRUG POLICY FOUNDATION 1623 CONNECTICUT AVE., NW WASHINGTON, DC 20009	NONE	1	41.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		13,5	 82.

FOI	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	S	TATEN	1ENT	7
A)	DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[]	YES	[X]	NO
В)		GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[]	YES	[X]	NO

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS,

TRUSTEES AND KEY EMPLOYEES

STATEMENT

	TEL EILIBOTEEO	· · · · · · · · · · · · · · · · · · ·		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
ALISON GRIMMER, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC	CHAIR 4.00	0.	0.	0.
CONSTANCE SISK, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC	VICE-CHAIR 2.00	0.	0.	0.
MICHAEL BLUNK, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC	SECRETARY 3.00	0.	0.	0.
MATTHEW POTTER, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC	TREASURER 3.00	0.	0.	0.
MATTHEW PALEVSKI, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC	PAST CHAIR 5.00	0.	0.	0.
ANASTACIA COSNER, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC	PAST VICE-CHA	AIR	0.	0.
DANIEL MACCOMBIE, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC	PAST TREASURE	ER 0.	0.	0.
CHRIS CHILES, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC 20009	BOARD MEMBER 4.00	0.	0.	0.
JAMES DEVINE, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC 20009	BOARD MEMBER 4.00	0.	0.	0.
KATHLEEN KANE-WILLIS, 1623 CONNECTICUT AVE., NW SUITE 300,	BOARD MEMBER 2.00	0.	0.	0.
KRIS KRANE, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC 20009	EXECUTIVE DIF		2,069.	0.
TINA KIMBALL, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC 20009	BOARD MEMBER 2.00	0.	0.	0.
DANIEL CORNELIOUS, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC	BOARD MEMBER	0.	0.	0.
DOUG MCVAY, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC 20009	BOARD MEMBER 2.00	0.	0.	0.

STUDENTS FOR SENSIBLE DRUG POLICY F	NDT		52-	2296291
JON PERRI, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC 20009		0.	0.	0.
AMY PHILLIPS, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC 20009		0.	0.	0.
ERIC RUMI, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC 20009		0.	0.	0.
DARRELL SOUR, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC 20009		0.	0.	0.
MISCHA STEINER, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC	BOARD MEMBER 3.00	0.	0.	0.
ERIC STERLING, 1623 CONNECTICUT AVE., NW SUITE 300, WASHINGTON, DC	BOARD MEMBER 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART		51,200.	2,069.	0.

990-EZ PG 2

STATEMENT 9

TO PROMOTE ALTERNATIVE SOLUTIONS TO THE NATION'S DRUG PROBLEMS.

Students for Sensible Drug Policy Foundation EIN#52-2296291 Attachment to 2008 Form 990EZ

Statement of Program Service Accomplishments

In 2008 Students for Sensible Drug Policy made significant strides in educating the public about the negative impact that the War on Drugs has on youth and students. Over the course of the year SSDP's affiliate network expanded from 125 chapters to over 150 chapters across the North America, while expanding the national staff to four full time employees, and opening a satellite office in San Francisco, CA.

In 2008, SSDP chapters at 30 colleges ran a total of 39 campus change campaigns, designed to reform punitive drug policies on college campuses an replace them with sensible policies. Of these, 11 resulted in successful policy changes. These changes occurred at the following schools:

- Kalamazoo College SSDP enacted a Good Samaritan Policy
- Kalamazoo College SSDP started a campus wide Safe Ride program
- Kalamazoo College SSDP kicked local police out of the dorms
- Franklin Pierce University SSDP enacted a Good Samaritan Policy
- Franklin Pierce University SSDP ended unannounced dorm searches
- University of Connecticut SSDP enacted a Good Samaritan Policy
- Missouri Southern State University SSDP enacted a Good Samaritan Policy
- University of Maryland SSDP stopped automatic dorm expulsion for marijuana possession
- North Carolina State SSDP started a Safe Ride Program
- Southern Methodist University enacted a Good Samaritan Policy
- Brown University SSDP created a scholarship program for students impacted by HEA.

SSDP organized our 10th Anniversary Conference and Alumni Reunion in College Park Maryland, which was held November 21-23, 2008. We were able to bring over 450 students and more than 500 members (including alumni and nonstudents), making it the largest conference in SSDP's ten year history. Saturday of the conference featured a full day of drug war education where students heard from a range of experts in the field including MPP's Rob Kampia, Ethan Nadelmann of the Drug Policy Alliance, Caren Woodson of Americans for Safe Access, and Adam Wolf of the ACLU. Prominent figures such as Congressman Danny Davis (D-IL) and BET/CNBC commentator Keith Boykin also addressed the conference. For the first time at an SSDP conference, a prohibitionist agreed to engage in a discussion on the Drug War during a debate between SSDP executive director Kris Krane and Students Taking Action Not Drugs founder Kevin Sabet.

The final day of the conference consisted entirely of activist skills training workshops. These included workshops on chapter organizing techniques, running a campus change campaign, fundraising, media relations, harm reduction training, and a workshop on using SSDP as a resume builder.

Students for Sensible Drug Policy Foundation EIN#52-2296291 Attachment to 2008 Form 990EZ

Over the course of the year, we developed a number of new materials to assist our chapters in running campaigns on their campuses. First and foremost, our new west coast outreach director revamped the organization's student organizing manual, making it more concise and less text heavy, ensuring that more new chapter leaders will take the time to absorb the information. Additionally, our field staff created a new sample chapter constitution and a new sample chapter budget that students can download from the website in order to ease the process of starting a new chapter.

We also developed a series of promotional materials for events that SSDP chapters can bring to their campuses. This includes flyers for screenings of the movie Busted, LEAP Speakers, SSDP's AMPLIFY Project, and a new debate series between SSDP executive director Kris Krane and Students Taking Action Not Drugs founder Kevin Sabet. We also created a new section of the SSDP website where chapter leaders can get information on bringing speakers and events to campus (http://ssdp.org/resources/speakers/).

SSDP has become one of the premier student organizations using Facebook as an organizing tool, and the popular social networking site has become one of the organization's principle tools for organizing chapters and events. There are currently more than 14,950 members of the SSDP Facebook Cause, with thousands of other members in more than 80 SSDP regional and chapter Facebook groups, as well as issue-based groups monitored and maintained by the organization. We have also created campaign-specific Facebook groups for our Campus Change Campaigns, so the national office can provide advice and guidance while chapter leaders share tactics and lessons learned during the course of a campaign.

In July 2008 SSDP organized a weekend long leadership summit in Washington DC that was attended by nearly all SSDP national board members as well as SSDP's most promising chapter leaders. The weekend featured roundtable discussions, workshops, and trainings on grassroots organizing techniques, fundraising, student organizing, and SSDP specific campaigns. This leadership summit helped lead to the development of SSDP's 2009 strategic plan.

4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization 990-EZ (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return

Business or activity to which this form relates

Identifying number

	UDENTS FOR SENSIBLE					EZ PAGE		52-2296291
Pa	rt 1 Election To Expense Certain Prop	erty Under Section 1	179 Note: If you	have any lis	sted proper	y, complete Par	t V before	
	Maximum amount. See the instruction	•		sinesses			1	250,000.
	2 Total cost of section 179 property placed in service (see instructions)							
	Threshold cost of section 179 proper	•					3	800,000.
4	Reduction in limitation. Subtract line 3	3 from line 2. If zer	o or less, enter	-0-			4	
<u>5</u> [Dollar limitation for tax year Subtract line 4 from li	ne 1 If zero or less, ente	r-0- If married filin	g separately, se	e instructions		5_	
6	(a) Description of p	property		(b) Cost (busin	ness use only)	(c) Election	ed cost	
		-						
								_
		-						_
7 L	isted property. Enter the amount from	m line 29			7			
8 1	Total elected cost of section 179 prop	erty. Add amount	s ın column (c)	, lines 6 and	j 7		8	
9 7	Tentative deduction. Enter the smalle	r of line 5 or line 8					. 9	
10 (Carryover of disallowed deduction fro	m line 13 of your 2	2007 Form 456	2		•	10	
11 E	Business income limitation. Enter the	smaller of busines	s income (not l	less than ze	ro) or line 5		11	
12 5	Section 179 expense deduction. Add	lines 9 and 10, bu	t do not enter	more than li	ne 11		12	
13 (Carryover of disallowed deduction to	2009. Add lines 9	and 10, less lir	ne 12	▶ 13			
Note	: Do not use Part II or Part III below f	or listed property.	Instead, use Pa	art V.				
Pa	rt II Special Depreciation Allow	ance and Other D	Pepreciation (I	Do not inclu	ide listed pr	operty.)		
14 5	Special depreciation for qualified prop	erty (other than lis	ted property) i	placed in se	rvice during	the tax year	14	
	Property subject to section 168(f)(1) e				_	•	15	
16 (Other depreciation (including ACRS)						16	1,016.
	rt III MACRS Depreciation (Do n	ot include listed p	roperty.) (See	instructions	.)			•
			Sec	tion A				
17 N	MACRS deductions for assets placed	ın service in tax y	ears beginning	before 200	8		17	
18 H	you are electing to group any assets placed in se	ervice during the tax vear	Into one or more a	eneral asset acc	counts, check h	ere 🕨 🗀	7 m	.
	Section B - Asset						ation Sys	tem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for c (business/invonly - see in	estment use	(d) Recovi	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property			-				-
b	5-year property							
С	7-year property					-	 	
d	10-year property							
e	15-year property					-	<u> </u>	
<u>f</u>	20-year property							
9	25-year property				25 yrs		S/L	
	20 year property				27.5 yr		S/L	
h	Residential rental property	,			27.5 yr		S/L	
		- 			39 yrs		S/L	
i	Nonresidential real property	,			39 yis	MM	S/L	
	Section C - Assets	Placed in Service	During 2008	Tay Vaar II	sing the Al			retam
20a	Class life	1 10000 111 001 1100	During 2000	102 1001 0	Jing the Ai	Cindite Depic		Stem
<u>20a</u>		-			10		S/L	
	12-year 40-year	 ,			12 yrs		S/L	
_	-U year		1		40 yrs	. MM	S/L	<u></u>
	+ IV Summany (Can inchinations)	· -						
	rt IV Summary (See instructions.)						- T = 	
21 L	isted property. Enter amount from lin	ie 28					21	
21 L 22 T	isted property. Enter amount from lin otal. Add amounts from line 12, lines	e 28 14 through 17, lir), and line 2			1 016
21 L 22 T	Listed property. Enter amount from lin [otal. Add amounts from line 12, lines Enter here and on the appropriate line	ie 28 s 14 through 17, lir s of your return. P	artnerships an	d S corpora), and line 2		21	1,016.
21 L 22 T 23 F	isted property. Enter amount from linfotal. Add amounts from line 12, lines and on the appropriate line for assets shown above and placed in	se 28 3 14 through 17, lin s of your return. P on service during th	artnerships an	d S corpora	i), and line 2			1,016.
21 L 22 T 23 F	Listed property. Enter amount from ling of the food of the amounts from line 12, lines of the appropriate line for assets shown above and placed in cortion of the basis attributable to second in the appropriate line for the basis attributable to second in the appropriate the transfer attributable to second in the appropriate the appropriate the transfer attributable to second in the appropriate the app	ne 28 s 14 through 17, lir is of your return. P in service during th ction 263A costs	artnerships an e current year,	d S corpora enter the), and line 2			1,016.

STUDENTS FOR SENSIBLE DRUG POLICY FNDT Form 4562 (2008) 52-2296291 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment. Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes 24b If "Yes," is the evidence written? (b) (c) (e) (i) (a) Date Business/ Elected Type of property Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first) other basis period Convention deduction service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use: S/L· % S/L· % % S/L· 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	3	(a Veh	-	(t Veh	•	(e Veh	-	(d Veh	•	(∈ Veh	-	(1 Veh	
31 32	year (do not include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) miles												
	driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No										
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your

	employees?	
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your	
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	
39	Do you treat all use of vehicles by employees as personal use?	
40	Do you provide more than five vehicles to your employees, obtain information from your employees about	
	the use of the vehicles, and retain the information received?	
41	Do you meet the requirements concerning qualified automobile demonstration use?	
	Note: If your prewer to 37, 38, 30, 40, or 41 is "Ves." do not complete Section B for the covered vehicles	

Part VI Amortization					
(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization penod or percentage	(f) Amortization for this year
42 Amortization of costs that begins during yo	ur 2008 tax year:				
				<u> </u>	. <u> </u>
43 Amortization of costs that began before you	43				
44 Total. Add amounts in column (f). See the ii	44				

816252 11-08-08

Form 4562 (2008)

Yes_

No

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

	où are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X			
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this ot complete Part II unless you have already been granted an automatic 3-month extension on a previously fi					
Par		-				
A con	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and con	nolete				
Part I		,p.o.co	▶ □			
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar Income tax returns	exten	sion of time			
noted (not a you n	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or constitution the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files. Irs.gov/efile and click on e-file for Charities & Nonprofits.	cally if nsolida	(1) you want the additional ated Form 990-T. Instead,			
Type print	or Name of Exempt Organization	Employer identification numbe				
-	STUDENTS FOR SENSIBLE DRUG POLICY FNDT	5	2-2296291			
File by due dat filing yo	te for Number, street, and room or suite no. If a P.O. box, see instructions.					
return Instruct						
Chec	k type of return to be filed (file a separate application for each return):					
	Form 990 Form 990-T (corporation) Form 4 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5 Form 990-EZ Form 990-T (trust other than above) Form 6 Form 990-PF Form 1041-A Form 8	227 069				
Te ● If t ● If t	THE ORGANIZATION se books are in the care of ▶ 1623 CONNECTICUT AVE. NW — WASHINGTON, slephone No. ▶ 202-293-4414 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all	is is fo	r the whole group, check this			
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unin AUGUST 15, 2009 , to file the exempt organization return for the organization named a		The extension			
	is for the organization's return for: ► X calendar year 2008 or ► tax year beginning, and ending		·			
2	If this tax year is for less than 12 months, check reason:		Change in accounting period			
За	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
	nonrefundable credits. See instructions.	3a	\$			
Ь	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$			
С	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	30	· ·			
•	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).					
	See instructions.	3с	\$ N/A			
Caut	ion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment instructions.			

823831 05-26-09

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.