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SCANNED APR 16 2010

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION
THE DRUG POLICY ALLIANCE ENVISIONS A JUST SOCIETY IN WHICH THE USE AND
REGULATION OF DRUGS ARE GROUNDED IN SCIENCE, COMPASSION, HEALTH, AND
HUMAN RIGHTS; IN WHICH PEOPLE ARE NO LONGER PUNISHED FOR WHAT THEY PUT
INTO THEIR OWN BODIES BUT ONLY FOR CRIMES AGAINST OTHERS; AND IN WHICH
- 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 ☒ No
 If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

- 4a (Code:) (Expenses \$ 2,095,148. including grants of \$) (Revenue \$ 592,400.)
PUBLIC POLICY AND LEGAL AFFAIRS- THE DRUG POLICY ALLIANCE SEEKS TO
FUNDAMENTALLY TRANSFORM THE WAY SOCIETY THINKS ABOUT AND ADDRESSES
DRUGS, THE PEOPLE WHO USE THEM, AND THE MARKETS THROUGH WHICH THEY ARE
AVAILABLE. WE ADVOCATE A WHOLESALE CHANGE OF DRUG POLICY- AN END TO THE
WAR ON DRUGS- BASED ON OUR ORGANIZATIONAL VALUES OF REASON, COMPASSION,
JUSTICE, FREEDOM, AND RESPONSIBILITY. MOST GENERALLY, OUR GOAL IS TO
SHIFT THE U.S. RESPONSE TO DRUGS FROM A PUNITIVE CRIMINAL JUSTICE MODEL
TO ONE BASED ON PUBLIC HEALTH AND HUMAN RIGHTS. WHILE OUR WORK
ADDRESSES THE WIDE RANGE OF SOCIAL, POLITICAL, AND ECONOMIC ISSUES
TOUCHED BY THE WAR ON DRUGS, NEARLY ALL OF OUR EFFORTS FALL UNDER FOUR
SUBSTANTIVE ISSUE AREAS: REFORMING THE CRIMINAL JUSTICE SYSTEM,
EMPOWERING PUBLIC HEALTH APPROACHES, REFORMING CANNABIS POLICY, AND
- 4b (Code:) (Expenses \$ 1,606,471. including grants of \$ 1,505,238.) (Revenue \$ 1,500,000.)
GRANTS- THE DRUG POLICY ALLIANCE'S ADVOCACY GRANTS PROGRAM ADVANCES
DRUG POLICY REFORM AT THE LOCAL, STATE, AND NATIONAL LEVELS BY
STRATEGICALLY FUNDING SMALLER AND GEOGRAPHICALLY LIMITED ORGANIZATIONS
AND PROJECTS. IT HAS THREE FUNDING TRACKS. THE FIRST IS PROMOTING
POLICY CHANGE, THROUGH WHICH WE AWARD APPROXIMATELY \$1,180,000 MILLION
ONCE A YEAR. THE SECOND, TOTALING APPROXIMATELY \$200,000, IS RAPID
RESPONSE/SPECIAL OPPORTUNITIES, THROUGH WHICH WE AWARD SMALLER GRANTS
TO TIME-SENSITIVE PROJECTS ON AN ONGOING BASIS. THE THIRD IS A
DISCRETIONARY FUND OF APPROXIMATELY \$20,000, THROUGH WHICH WE AWARD
SMALL GRANTS OF UP TO \$2,500. WE ALSO ALLOCATE FUNDS TO BRING TOGETHER
GRANTEES ANNUALLY TO IMPROVE THE COORDINATION AMONG ORGANIZATIONS AND
WITH THE DRUG POLICY ALLIANCE'S PROGRAMS.
- 4c (Code:) (Expenses \$ 1,341,020. including grants of \$) (Revenue \$ 15,216.)
COMMUNICATIONS- THE DRUG POLICY ALLIANCE INITIATES AND SHAPES LOCAL,
NATIONAL, AND INTERNATIONAL DIALOGUE ON DRUG POLICY REFORM, EXPOSING
THE PUBLIC TO OUR MESSAGES AND GENERATING EARNED MEDIA EACH YEAR
EQUIVALENT IN IMPACT TO WHAT WOULD COST MILLIONS OF DOLLARS IN PAID
ADVERTISING. OUR PUBLIC RELATIONS EFFORTS SUPPORT OUR LOCAL AND
NATIONAL PROGRAMS AND PROJECTS, HELP SMALLER ORGANIZATIONS PROMOTE
THEIR OWN CAMPAIGNS, AND TAKE ADVANTAGE OF BREAKING NEWS TO PROVOKE
DEBATE FRAMED BY OUR MISSION AND VISION. WE PUBLISH BOOKLETS AND OTHER
MATERIALS ON CUTTING EDGE DRUG POLICY ISSUES, AND COLLABORATE WITH
ALLIED ORGANIZATIONS IN PRODUCING ASSESSMENTS OF STATE AND FEDERAL DRUG
AND CRIME POLICIES. THE LINDESMITH LIBRARY, HOUSED IN OUR NEW YORK
OFFICE AND OPEN TO THE PUBLIC, IS AMONG THE WORLD'S LEADING
- 4d Other program services (Describe in Schedule O.)
 (Expenses \$ 1,307,476. including grants of \$) (Revenue \$ 431,544.)
- 4e **Total program service expenses** ▶ \$ 6,350,115. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee.		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a X	
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36 X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	114		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	70
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a	16
b Enter the number of voting members that are independent	1b	14
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?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11 Is there any officer, director or 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 in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
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:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, ID**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
RYAN CHAVEZ - (212)613-8040
70 WEST 36TH STREET, 16TH FLOOR, NY, NY 10018

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

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

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
IRA GLASSER PRESIDENT	4.00	X		X				24,000.	0.	0.
REV. EDWIN SANDERS SECRETARY	2.00	X		X				0.	0.	0.
RICHARD B. WOLF TREASURER	2.00	X		X				0.	0.	0.
ETHAN NADELMANN EXECUTIVE DIRECTOR	40.00	X		X				222,887.	0.	41,945.
DAVID C. LEWIS, MD DIRECTOR	1.00	X						0.	0.	0.
CARL HART, PHD DIRECTOR	1.00	X						0.	0.	0.
JODIE EVANS DIRECTOR	1.00	X						0.	0.	0.
JAMES E. FERGUSON, II DIRECTOR	1.00	X						0.	0.	0.
KEN HERTZ DIRECTOR	1.00	X						0.	0.	0.
MATHILDE KRIM, PHD DIRECTOR	1.00	X						0.	0.	0.
PAMELA LICHTY DIRECTOR	1.00	X						0.	0.	0.
ROBERT NEWMAN, MD DIRECTOR	1.00	X						0.	0.	0.
GEORGE SOROS DIRECTOR	1.00	X						0.	0.	0.
DR. CHRISTINE DOWNTON DIRECTOR	1.00	X						0.	0.	0.
JASON FLOM DIRECTOR	1.00	X						0.	0.	0.
JOHN VASCONCELLOS DIRECTOR	1.00	X						0.	0.	0.
DEREK HODEL DEPUTY EXECUTIVE DIRECTO	40.00				X			150,142.	0.	28,049.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DEDE DUNEVANT MANAGING DIR-COMMUNICATI	40.00					X		122,886.	0.	10,061.
DANIEL ABRAHAMSON DIR OF LEGAL AFFAIRS	40.00					X		118,616.	0.	26,161.
1b Total								638,531.	0.	106,216.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 4

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	0	

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	719,806.				
	c Fundraising events	1c	12,150.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	344,116.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,613,804.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			9689876.			
Program Service Revenue	2 a <u>SPECIAL PROJECTS</u>	Business Code	900099	411,724.	411,724.		
	b <u>CPR ADMINISTRATION</u>		900099	116,303.	116,303.		
	c <u>PUBLICATIONS AND VIDEO</u>		900099	6,846.	6,846.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			534,873.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			57,310.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less. cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)				4,994.			4,994.
8 a Gross income from fundraising events (not including \$ 12,150. of contributions reported on line 1c). See Part IV, line 18		a		117406.			
b Less direct expenses		b		42,831.			
c Net income or (loss) from fundraising events				74,575.			74,575.
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a <u>MISCELLANEOUS INCOME</u>		900099	22,837.			22,837.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			22,837.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			10,384,465.	534,873.	0.	159,716.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	1,505,238.	1,505,238.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	783,050.	446,484.	268,512.	68,054.
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	2,608,383.	1,871,524.	520,142.	216,717.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	216,659.	149,078.	50,112.	17,469.
9 Other employee benefits	343,054.	228,384.	87,504.	27,166.
10 Payroll taxes	253,962.	176,577.	55,957.	21,428.
11 Fees for services (non-employees):				
a Management				
b Legal	48,879.	13,685.	35,194.	
c Accounting	38,135.		38,135.	
d Lobbying	400,178.	400,178.		
e Professional fundraising services. See Part IV, line 17	79,000.			79,000.
f Investment management fees				
g Other	387,281.	272,715.	50,619.	63,947.
12 Advertising and promotion	14,175.	12,180.	1,995.	
13 Office expenses	826,589.	296,251.	40,387.	489,951.
14 Information technology	114,989.	68,893.	23,874.	22,222.
15 Royalties				
16 Occupancy	541,621.	379,016.	103,335.	59,270.
17 Travel	246,310.	158,758.	81,204.	6,348.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	191,653.	159,298.	26,566.	5,789.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	103,421.	66,331.	23,443.	13,647.
23 Insurance	47,274.	4,668.	42,606.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>LEXIS-NEXIS</u>	79,274.	79,274.		
b <u>BOOKS, MEMBERSHIPS & SUB</u>	49,515.	47,438.	1,291.	786.
c <u>LISTS</u>	46,845.			46,845.
d <u>DATA INPUT/PROCESSING</u>	38,363.			38,363.
e <u>CAGING SERVICES</u>	18,503.			18,503.
f All other expenses	71,436.	14,145.	39,858.	17,433.
25 Total functional expenses. Add lines 1 through 24f	9,053,787.	6,350,115.	1,490,734.	1,212,938.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	138,892.	1	3,723.
	2 Savings and temporary cash investments	4,630,255.	2	6,125,589.
	3 Pledges and grants receivable, net	17,421.	3	3,965.
	4 Accounts receivable, net	78,191.	4	223,174.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	55,760.	9	85,903.
	10a Land, buildings, and equipment: cost basis	10a 1,015,459.		
	b Less accumulated depreciation. Complete Part VI of Schedule D	10b 894,935.	224,750.	10c 120,524.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	85,715.	15	84,580.
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,230,984.	16	6,647,458.	
Liabilities	17 Accounts payable and accrued expenses	252,879.	17	338,675.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	252,879.	26	338,675.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,752,621.	27	3,034,818.
	28 Temporarily restricted net assets	3,225,484.	28	3,273,965.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,978,105.	33	6,308,783.
	34 Total liabilities and net assets/fund balances	5,230,984.	34	6,647,458.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 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?

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

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 of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

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 include any "unusual grants.")	7,124,938.	8,436,154.	8,815,020.	12,253,557.	9,689,876.	46,319,545.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	7,124,938.	8,436,154.	8,815,020.	12,253,557.	9,689,876.	46,319,545.
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)						21,689,969.
6 Public Support. Subtract line 5 from line 4						24,629,576.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	7,124,938.	8,436,154.	8,815,020.	12,253,557.	9,689,876.	46,319,545.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,135.	35,894.	37,289.	74,170.	57,310.	214,798.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	11,368.	7,118.	4,731.	2,102.	22,837.	48,156.
11 Total support. Add lines 7 through 10						46,582,499.
12 Gross receipts from related activities, etc. (see instructions)					12	1,928,082.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	52.87 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	46.95 %
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 stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 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 ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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 include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18		%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 ☐

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2008
Open to Public
Inspection

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

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

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

- 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

- 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 of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and 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-

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768

(election under section 501(h)). See the instructions for Schedule C for details.

- A Check ☐ if the filing organization belongs to an affiliated group
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	18,478.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	526,040.													
c	Total lobbying expenditures (add lines 1a and 1b)	544,518.													
d	Other exempt purpose expenditures	7,364,385.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	7,908,903.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	545,445.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	136,361.													
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a	0.													
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	486,061.	516,837.	576,073.	545,445.	2,124,416.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,186,624.
c Total lobbying expenditures	256,371.	534,243.	584,040.	544,518.	1,919,172.
d Grassroots non-taxable amount	121,515.	129,209.	144,018.	136,361.	531,103.
e Grassroots ceiling amount (150% of line 2d, column (e))					796,655.
f Grassroots lobbying expenditures	58,521.	110,727.	59,137.	18,478.	246,863.

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

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

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-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 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 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to 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 Investment earnings or 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 year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		199,125.	199,125.	0.
d Equipment		766,424.	695,810.	70,614.
e Other		49,910.		49,910.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				120,524.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,384,465.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,053,787.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,330,678.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,330,678.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	10,427,296.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	42,831.
e	Add lines 2a through 2d	2e	42,831.
3	Subtract line 2e from line 1	3	10,384,465.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	10,384,465.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	9,096,618.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	42,831.
e	Add lines 2a through 2d	2e	42,831.
3	Subtract line 2e from line 1	3	9,053,787.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	9,053,787.

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

PART X: DRUG POLICY ALLIANCE'S ACCOUNTING POLICY IS TO PROVIDE

LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE. MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR OF ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES

Part XIV Supplemental Information *(continued)*

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
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- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a ☒ Mail solicitations

- e ☒ Solicitation of non-government grants

- b** ☒ Email solicitations

- ☒ Solicitation of government grants

- c** ☐ Phone solicitations

- g ☒ Special fundraising events

- d ☒ In-person solicitations

- 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name 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			
A.B. DATA	DIRECT MAIL		X	969,888.	60,000.	0.
LIVET REICHARD COMPANY, INC.	ART AUCTION		X	129,556.	19,000.	0.
Total				1099444.	79,000.	

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

ALL STATES

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		ART AUCTION (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	129,556.			129,556.
	2 Less Charitable contributions	12,150.			12,150.
	3 Gross revenue (line 1 minus line 2)	117,406.			117,406.
Direct Expenses	4 Cash prizes	0.			
	5 Non-cash prizes	0.			
	6 Rent/facility costs	0.			
	7 Other direct expenses	42,831.			42,831.
	8 Direct expense summary Add lines 4 through 7 in column (d)				(42,831.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				74,575.

Part III Gaming. Complete if the organization answered "Yes" to 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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash 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 Combine lines 1 and 7 in column (d)				()

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide 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?**15a****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.

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?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
► Attach to Form 990.

OMB No. 1545-0047

2008

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARM REDUCTION COALITION 22 WEST 27TH STREET NEW YORK, NY 10001	94-3204985	501(C)3	150,000.	0.			GENERAL OPERATING SUPPORT TO PROMOTE HARM REDUCTION POLICY DEVELOPMENT LOCALLY, REGIONALLY, AND
A BETTER WAY FOUNDATION PO BOX 942 HARTFORD, CT 06101	06-1576383	501(C)3	50,000.	0.			GENERAL OPERATING SUPPORT FOR ITS ONGOING EFFORTS TO SHIFT DRUG POLICY IN CONNECTICUT FROM A
DRUGSENSE 14252 CULVER DRIVE IRVINE, CA 92604	77-0440900	501(C)3	50,000.	0.			GENERAL OPERATING SUPPORT TO CONTINUE ENABLING THE ORGANIZATION TO PROVIDE THE MOVEMENT WITH THE
NORTH AMERICA SYRINGE EXCHANGE NETWORK (NASEN) - 535 DOCK STREET - TACOMA, WA 98402	91-1435394	501(C)3	50,000.	0.			TO SUPPORT THEIR RE-GRANTING OF SYRINGE EXCHANGE PROGRAMS.
NATIONAL ADVOCATES FOR PREGNANT WOMEN - 15 WEST 36 STREET - NEW YORK, NY 10018	52-2282183	501(C)3	50,000.	0.			GENERAL SUPPORT TO SUSTAIN ITS LEGAL ADVOCACY LOCAL AND NATIONAL ORGANIZING AND
STUDENTS FOR SENSIBLE DRUG POLICY FOUNDATION - 1623 CONNECTICUT AVE, NW - WASHINGTON, DC, DC 20009	52-2296291	501(C)3	50,000.	0.			TO EXPAND THEIR CAMPUS CHANGE CAMPAIGN.
2 Enter total number of section 501(c)(3) and government organizations							50.
3 Enter total number of other organizations							2.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANTEES ARE REQUIRED TO SUBMIT A FINAL REPORT BEFORE THE END OF THE GRANT CYCLE (MID-END OF MAY). THIS REPORT OUTLINES THE ACCOMPLISHMENTS OF THE ORGANIZATIONS DURING THE GRANT CYCLE. FAILURE TO SUBMIT THIS REPORT ON TIME MAY RESULT IN OUR DISALLOWING THE ORGANIZATION FROM RE-APPLYING FOR FUNDS FOR ONE YEAR.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: HARM REDUCTION COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO PROMOTE

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number
52-1516692

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CAMDEN AREA HEALTH EDUCATION CENTER, INC. - 514 COOPER STREET - CAMDEN, NJ 08102	22-2358827	501(C)3	45,800.	0.			TO SUPPORT SYRINGE ACCESS PROGRAMS.		
HYACINTH AIDS FOUNDATION 317 GEORGE STREET NEW BRUNSWICK, NJ 08901	22-2648820	501(C)3	45,800.	0.			TO SUPPORT SYRINGE ACCESS PROGRAMS.		
NORTH JERSEY COMMUNITY RESEARCH INITIATIVE - 393 CENTRAL AVENUE - NEWARK, NJ 07103	52-1592616	501(C)3	45,800.	0.			TO SUPPORT SYRINGE ACCESS PROGRAMS.		
PATERSON COUNSELING CENTER 319-321 MAIN STREET PATERSON, NJ 07505	22-2511885	501(C)3	45,800.	0.			TO SUPPORT SYRINGE ACCESS PROGRAMS.		
SOUTH JERSEY AIDS ALLIANCE 19 GORDON'S ALLEY ATLANTIC CITY, NJ 08401	22-2686586	501(C)3	45,800.	0.			TO SUPPORT SYRINGE ACCESS PROGRAMS.		
INTERFAITH DRUG POLICY INITIATIVE FOUNDATION - PO BOX 6299 - WASHINGTON, DC, DC 20015	76-0663259	501(C)3	40,000.	0.			GENERAL OPERATING SUPPORT TO CONTINUE MOBILIZING RELIGIOUS DENOMINATIONS, CONGREGATIONS.		
JUSTICE STRATEGIES (F.S TIDES) 139 WASHINGTON AVENUE BROOKLYN, NY 11205	94-3213100	501(C)3	40,000.	0.			TO SUPPORT RELEVANT CRIMINAL JUSTICE RESEARCH TO THIS MOVEMENT SO THAT ADVOCATES IN TURN MAY		
LAW ENFORCEMENT AGAINST PROHIBITION (LEAP) - 121 MYSTIC AVENUE - MEDFORD, MA 02155	16-1645758	501(C)3	40,000.	0.			GENERAL OPERATING SUPPORT TO SUSTAIN ITS EFFORTS TO PRESENT A LAW ENFORCEMENT PERSPECTIVE ON THE NEED		

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number
52-1516692

Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NY ACADEMY OF MEDICINE 1216 FIFTH AVENUE NEW YORK, NY 10029	13-1656674	501(C)3	40,000.	0.			TO SUPPORT A GROUND-BREAKING DAY-AND-A-HALF CONFERENCE THAT SEEKS TO ADVANCE A
THE ORDINARY PEOPLE SOCIETY (TOPS) 403 WEST POWELL STREET DOTHAN, AL 36303	82-0587071	501(C)3	40,000.	0.			TO FURTHER DEVELOP ITS NEW BOTTOM LINE CAMPAIGN.
VOCAL (F.S. NYC AIDS HOUSING NETWORK - NYCAHN) - 80-A FOURTH AVENUE - BROOKLYN, NY 11217	13-4094385	501(C)3	35,000.	0.			TO SUPPORT ITS USERS UNION.
COLORADO CRIMINAL JUSTICE 1212 MARIPOSA STREET DENVER, CO 80204	84-1449882	501(C)3	30,000.	0.			GENERAL OPERATION SUPPORT FOR THEIR EFFORTS TO EDUCATE THE PUBLIC AND LAWMAKERS REGARDING THE
LEGAL SERVICES FOR PRISONERS WITH CHILDREN - 1540 MARKET STREET - SAN FRANCISCO, CA 94102	94-3080408	501(C)3	30,000.	0.			TO CONTINUE ORGANIZING STAKEHOLDERS TO BECOME ADVOCATES FOR TREATMENT INSTEAD OF INCARCERATION.
UPFRONT PROGRAMS (F.S. HARM REDUCTION THERAPY CENTER) - 420 EAST I STREET - BENICIA, CA 94510	94-3363781	501(C)3	30,000.	0.			TO CONTINUE THEIR DIRECT WORK WITH YOUTH AND THEIR EFFORT TO BRING OTHER EDUCATORS TO THE TABLE.
A NEW PATH 2527 DOUBLETREE ROAD SPRING VALLEY, CA 91978	33-0883927	501(C)3	25,000.	0.			TO SUPPORT THEIR CONTINUED EFFORTS TO REDUCE THE STIGMA OF ADDICTION, IN ORDER TO
ALABAMIANS FOR COMPASSIONATE CARE (F.S. THE ORDINARY PEOPLE SOCIETY - TOPS) - 4633 PEARSON CHAPEL RD - ALEXANDER CITY, AL 35010	82-0587071	501(C)3	25,000.	0.			TO SUPPORT THEIR EFFORTS TOWARD MAKING MEDICAL MARIJUANA LEGAL AND ACCESSIBLE IN ALABAMA.

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Name of the organization

Employer identification number
52-1516692

DRUG POLICY ALLIANCE

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CALIFORNIA SOCIETY OF ADDICTION MEDICINE - 575 MARKET STREET - SAN FRANCISCO, CA 94105	23-7364605	501(C)3	25,000.	0.			TO BRING DOCTORS AND OTHER MEDICAL PROFESSIONAL TO THE ADVOCACY TABLE.			
DEFENDER ASSOCIATION 810 3RD AVENUE SEATTLE, WA 98104	91-0852323	501(C)3	25,000.	0.			TO SUPPORT THEIR RACIAL DISPARITY PROJECT.			
INSTITUTE FOR METROPOLITAN AFFAIRS (F.S ROOSEVELT UNIVERSITY) - 430 S. MICHIGAN AVE. - CHICAGO, IL 60605	36-2167854	501(C)3	25,000.	0.			TO SUPPORT THE ILLINOIS CONSORTIUM ON DRUG POLICY, IN THEIR EFFORTS TOWARDS SENTENCING REFORM			
VOLUNTARY COMMITTEE OF LAWYERS, INC. - 1200 FIFTH AVENUE - SEATTLE, WA 98101	13-3972556	501(C)3	25,000.	0.			GENERAL OPERATING SUPPORT TO STIMULATE DEBATE AND DISCUSSION AND INFLUENCE PROGRESSIVE DRUG POLICY			
MAINE CITIZENS FOR PATIENTS RIGHTS (H-ELECTION) - PO BOX 1074 - LEWISTON, ME 04243	20-4588669	501(C)4	25,000.	0.			TO SUPPORT THE WORK NECESSARY TO QUALIFY THEIR PROPOSED BALLOT INITIATIVE ON MEDICAL			
FAMILIES FOR FREEDOM 3 WEST 29TH STREET NEW YORK, NY 10001	20-2798922	501(C)3	20,000.	0.			TO EDUCATE THE PUBLIC AND POLICYMAKERS ON HOW THE DRUG WAR'S AGGRESSIVE AND SELECTIVE POLICING			
NEW ENGLAND POLICY ADVOCATES (F.S NEW ENGLAND PREVENTION ALLIANCE) - 101 TREMONT STREET - BOSTON, MA 02108	03-0591567	501(C)3	20,000.	0.			TO INCREASE PUBLIC AND POLICY SUPPORT TO MOVE DRUG ADDICTION OUT OF THE CRIMINAL JUSTICE SYSTEM			
PROJECT LAZARUS (NORTHWEST COMMUNITY CARE NETWORK) - PO BOX 15046 - WINSTON-SALEM, NC 27113	27-0602284	501(C)3	20,000.	0.			TO START UP A PILOT PROGRAM FOR NALOXONE DISTRIBUTION IN NORTH CAROLINA'S APPALACHIA			

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number
52-1516692

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SAFE STREETS / STRONG COMMUNITIES 1600 ORETHA CASTEL HALEY BLVD. NEW ORLEANS, LA 70113	20-8295353	501(C)3	20,000.	0.			TO HELP MANAGE THEIR WORK EXPUNGING CRIMINAL RECORDS AND BUILDING THEIR RIGHTS TO THE CITY			
AMERICAN CIVIL LIBERTIES UNION OF MS (ACLU OF MS) - PO BOX 2242 - JACKSON, MS 39225	64-0694013	501(C)3	15,000.	0.			TO BRING SOME OF THE MOST MARGINALIZED PEOPLE INTO POLICY AND OTHER DISCUSSIONS ABOUT REFORM.			
DC RECOVERY COMMUNITY ALLIANCE, INC. - 613 SECOND STREET, NE - WASHINGTON, DC, DC 20002	52-1280459	501(C)3	15,000.	0.			TO TRAIN THEIR AMBASSADORS TO ENGAGE STAKEHOLDERS AND POLICYMAKERS ALIKE ABOUT			
DIRECT ACTION FOR RIGHTS AND EQUALITY (DARE) - 340 LOCKWOOD STREET - PROVIDENCE, RI 02907	05-0422763	501(C)3	15,000.	0.			TO CONTINUE SUPPORTING THEIR BEHIND THE WALLS PROJECT, WHICH SEEKS TO ORGANIZE PEOPLE WHOSE			
DRCNET FOUNDATION, INC. 1623 CONNECTICUT AVE, NW WASHINGTON, DC, DC 20009	52-2034867	501(C)3	15,000.	0.			TO SUPPORT PHIL SMITH'S REPORTS FOR DRCNET.			
DRUG POLICY EDUCATION GROUP PO BOX 682 FAYETTEVILLE, AR 72702	71-0844533	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT FOR THE ONLY DRUG POLICY REFORM GROUP IN THE STATE.			
DRUG POLICY FORUM OF HAWAII PO BOX 61233 HONOLULU, HI 96839	94-3263242	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT FOR THE KEY DRUG POLICY REFORM GROUP IN THE STATE.			
INSTITUTE FOR POLICY STUDIES, DRUG POLICY PROJECT - 1112 16TH STREET, NW - WASHINGTON, DC, DC 20036	52-0788947	501(C)3	15,000.	0.			TO SUPPORT THEIR DRUG POLICY PROJECT.			
2 Enter total number of Section 501(c)(3) and government organizations										
3 Enter total number of other organizations										

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number
52-1516692

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LOS ANGELES OVERDOSE PREVENTION TASK FORCE (F.S. HOMELESS HEALTH CARE LA - 2330 BEVERLY BLVD. - LOS ANGELES, CA 90057	95-4074970	501(C)3	15,000.	0.			TO IMPLEMENT THE NEXT STRATEGIC PHASE OF THE OVERDOSE PREVENTION POLICY PROJECT.			
NEW MEXICO WOMEN'S JUSTICE PROJECT PO BOX 25501 ALBUQUERQUE, NM 25501	81-0548043	501(C)3	15,000.	0.			TO SUPPORT THEIR EFFORTS TO EDUCATE RESIDENTS AND POLICYMAKERS IN NEW MEXICO ABOUT OVERALL			
PARTNERSHIP FOR SAFETY AND JUSTICE 825 NE 20TH AVENUE PORTLAND, OR 97232	93-1277774	501(C)3	15,000.	0.			TO SUPPORT THEIR PUBLIC EDUCATION CAMPAIGN THAT WILL SEEK TO BUILD A BASE OF SUPPORT FOR			
PROGRESSIVE MARYLAND EDUCATION FUND - 8720 GEORGIA AVENUE - SILVER SPRING, MD 20910	03-0401249	501(C)3	15,000.	0.			TO SUPPORT ITS GOAL OF DEVELOPING A DRUG POLICY QUESTIONNAIRE AND DISSEMINATING IT TO			
PROTESTANTS FOR THE COMMON GOOD 77 W. WASHINGTON ST. CHICAGO, IL 60602	36-4080771	501(C)3	15,000.	0.			TO MOBILIZE RELIGIOUS LEADERS TO ADVOCATE FOR DRUG POLICY REFORM.			
STEPPING STONE OF SAN DIEGO, INC. 3969 4TH AVENUE SAN DIEGO, CA 92103	95-3080619	501(C)3	15,000.	0.			TO TRAIN STAFF AND CLIENTS IN ADVOCACY WORK.			
AIDS ACTION 1730 M STREET, NW WASHINGTON, DC, DC 20036	52-1521807	501(C)3	15,000.	0.			7,500 OF THE AWARD WILL GO TOWARDS HELPING BUILD A GREATER PUBLIC UNDERSTANDING ABOUT			
TEMPLE UNIVERSITY 1719 N. BROAD STREET PHILADELPHIA, PA 19122	23-1365971	501(C)3	12,500.	0.			TO SUPPORT THEIR MEETING ON NALOXONE ACCESS.			

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number
52-1516692

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I)		(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRUG POLICY FORUM OF KANSAS, INC. PO BOX 357 LAWRENCE, KS 66044			20-3112595	501(C)3	10,000.	0.			TO SUPPORT THE KEY DRUG POLICY REFORM GROUP IN THE STATE.
			13-3572677	501(C)3	10,000.	0.			TO ESTABLISH THE THIRD WAY ADVOCACY INITIATIVE.
									TO OUTREACH AND MOBILIZE COMMUNITIES IN THE SOUTH BRONX ABOUT THE DEVASTATING AFFECTS OF
			11-3114336	501(C)3	10,000.	0.			TO HIRE A LOBBYIST TO HELP DEFEAT HB-09-1238.
COLORADO CRIMINAL JUSTICE 1212 MARIPOSA STREET DENVER, CO 80204			84-1449882	501(C)4	10,000.	0.			TO SUPPORT THEIR EFFORTS TO DEVELOP A STRATEGY TO BRING SYRINGE EXCHANGE TO NEW YORK.
			13-4094385	501(C)3	8,000.	0.			TO SUPPORT THEIR MEDIA OPPORTUNITIES THAT CURRENTLY EXIST AROUND POLICING POLICIES AND
NYC AIDS HOUSING NETWORK / VOCAL 80-A FOURTH AVENUE BROOKLYN, NY 11217									
WILLIAM MOSES KUNSTLER FUND FOR RACIAL JUSTICE - 13 GAY STREET - NEW YORK, NY 10003			13-3955058	501(C)3	7,000.	0.			

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Part IV Supplemental Information

HARM REDUCTION POLICY DEVELOPMENT LOCALLY, REGIONALLY, AND NATIONALLY
THROUGH MULTIPLE ADVOCACY AND EDUCATION INITIATIVES.

NAME OF ORGANIZATION OR GOVERNMENT: A BETTER WAY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT FOR ITS
ONGOING EFFORTS TO SHIFT DRUG POLICY IN CONNECTICUT FROM A PARADIGM THAT
PRIORITIZES CRIMINAL SANCTIONS AND INCARCERATION TO ONE THAT SUPPORTS
PUBLIC HEALTH AND TREATMENT.

NAME OF ORGANIZATION OR GOVERNMENT: DRUGSENSE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO
CONTINUE ENABLING THE ORGANIZATION TO PROVIDE THE MOVEMENT WITH THE SAME
LEVEL OF INFORMATION ABOUT THE DRUG WAR.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL ADVOCATES FOR PREGNANT WOMEN

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT TO SUSTAIN ITS LEGAL
ADVOCACY LOCAL AND NATIONAL ORGANIZING AND PUBLIC EDUCATION EFFORTS.

NAME OF ORGANIZATION OR GOVERNMENT:

INTERFAITH DRUG POLICY INITIATIVE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO
CONTINUE MOBILIZING RELIGIOUS DENOMINATIONS, CONGREGATIONS, FAITH-BASED
ADVOCACY GROUPS AND INDIVIDUAL PEOPLE OF FAITH TO PROMOTE THE BROAD DRUG
POLICY GOALS OF DPA AND OTHER LEADING REFORM GROUPS.

NAME OF ORGANIZATION OR GOVERNMENT: JUSTICE STRATEGIES (F.S TIDES)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT RELEVANT CRIMINAL JUSTICE
RESEARCH TO THIS MOVEMENT SO THAT ADVOCATES IN TURN MAY PROVIDE

Part IV Supplemental InformationEVIDENCE-BASED INFORMATION TO THE PUBLIC AND POLICYMAKERS.NAME OF ORGANIZATION OR GOVERNMENT:LAW ENFORCEMENT AGAINST PROHIBITION (LEAP)

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO SUSTAIN ITS EFFORTS TO PRESENT A LAW ENFORCEMENT PERSPECTIVE ON THE NEED TO END DRUG PROHIBITION.

NAME OF ORGANIZATION OR GOVERNMENT: NY ACADEMY OF MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A GROUNDBREAKING DAY-AND-A-HALF CONFERENCE THAT SEEKS TO ADVANCE A COORDINATED PUBLIC HEALTH APPROACH TO DRUG POLICY IN NEW YORK STATE.

NAME OF ORGANIZATION OR GOVERNMENT: COLORADO CRIMINAL JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATION SUPPORT FOR THEIR EFFORTS TO EDUCATE THE PUBLIC AND LAWMAKERS REGARDING THE BENEFITS OF REDUCING THE STATE'S OVER RELIANCE ON THE CRIMINAL JUSTICE SYSTEM, PARTICULARLY IN MATTERS OF DRUG POLICY.

NAME OF ORGANIZATION OR GOVERNMENT: A NEW PATH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR CONTINUED EFFORTS TO REDUCE THE STIGMA OF ADDICTION, IN ORDER TO FACILITATE WIDER ACCESS TO THERAPEUTIC TREATMENT OPPORTUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:INSTITUTE FOR METROPOLITAN AFFAIRS (F.S ROOSEVELT UNIVERSITY)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ILLINOIS CONSORTIUM ON DRUG POLICY, IN THEIR EFFORTS TOWARDS SENTENCING REFORM FOR NONVIOLENT

Part IV Supplemental Information

DRUG OFFENDERS IN THE STATE.

NAME OF ORGANIZATION OR GOVERNMENT: VOLUNTARY COMMITTEE OF LAWYERS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO STIMULATE DEBATE AND DISCUSSION AND INFLUENCE PROGRESSIVE DRUG POLICY REFORM BY WORKING THROUGH LOCAL AND STATE BAR ASSOCIATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

MAINE CITIZENS FOR PATIENTS RIGHTS (H-ELECTION)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE WORK NECESSARY TO QUALIFY THEIR PROPOSED BALLOT INITIATIVE ON MEDICAL MARIJUANA.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILIES FOR FREEDOM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EDUCATE THE PUBLIC AND POLICYMAKERS ON HOW THE DRUG WAR'S AGGRESSIVE AND SELECTIVE POLICING PRACTICES UNFAIRLY TARGETS IMMIGRANTS.

NAME OF ORGANIZATION OR GOVERNMENT:

NEW ENGLAND POLICY ADVOCATES (F.S NEW ENGLAND PREVENTION ALLIANCE)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE PUBLIC AND POLICY SUPPORT TO MOVE DRUG ADDICTION OUT OF THE CRIMINAL JUSTICE SYSTEM AND INTO THE PUBLIC HEALTH SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT:

PROJECT LAZARUS (NORTHWEST COMMUNITY CARE NETWORK)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START UP A PILOT PROGRAM FOR NALOXONE DISTRIBUTION IN NORTH CAROLINA'S APPALACHIA COUNTY.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SAFE STREETS / STRONG COMMUNITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP MANAGE THEIR WORK EXPUNGING CRIMINAL RECORDS AND BUILDING THEIR RIGHTS TO THE CITY ALLIANCE.

NAME OF ORGANIZATION OR GOVERNMENT: DC RECOVERY COMMUNITY ALLIANCE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO TRAIN THEIR AMBASSADORS TO ENGAGE STAKEHOLDERS AND POLICYMAKERS ALIKE ABOUT THE CITY'S ADDICTION NEEDS.

NAME OF ORGANIZATION OR GOVERNMENT:

DIRECT ACTION FOR RIGHTS AND EQUALITY (DARE)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE SUPPORTING THEIR BEHIND THE WALLS PROJECT, WHICH SEEKS TO ORGANIZE PEOPLE WHOSE LIVES HAVE BEEN SEVERELY AFFECTED BY HARSH DRUG-SENTENCING LAWS.

NAME OF ORGANIZATION OR GOVERNMENT: NEW MEXICO WOMEN'S JUSTICE PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR EFFORTS TO EDUCATE RESIDENTS AND POLICYMAKERS IN NEW MEXICO ABOUT OVERALL SENSIBLE AND JUST DRUG POLICY.

NAME OF ORGANIZATION OR GOVERNMENT: PARTNERSHIP FOR SAFETY AND JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR PUBLIC EDUCATION CAMPAIGN THAT WILL SEEK TO BUILD A BASE OF SUPPORT FOR PROGRESSIVE DRUG POLICY AS IT RELATES TO THE CRIMINALIZATION OF ADDICTION.

NAME OF ORGANIZATION OR GOVERNMENT: PROGRESSIVE MARYLAND EDUCATION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ITS GOAL OF DEVELOPING A DRUG POLICY QUESTIONNAIRE AND DISSEMINATING IT TO MARYLAND'S LAW ENFORCEMENT COMMUNITY IN ORDER TO SOLICIT THEIR INPUT ON REFORM.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: AIDS ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: 7,500 OF THE AWARD WILL GO TOWARDS
HELPING BUILD A GREATER PUBLIC UNDERSTANDING ABOUT SYRINGE EXCHANGE AND
7,500 WILL GO TOWARDS LOBBYING EFFORTS.

NAME OF ORGANIZATION OR GOVERNMENT: JUSTICE WORKS COMMUNITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO OUTREACH AND MOBILIZE COMMUNITIES
IN THE SOUTH BRONX ABOUT THE DEVASTATING AFFECTS OF ESCALATING MARIJUANA
ARRESTS.

NAME OF ORGANIZATION OR GOVERNMENT:

WILLIAM MOSES KUNSTLER FUND FOR RACIAL JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR MEDIA OPPORTUNITIES
THAT CURRENTLY EXIST AROUND POLICING POLICIES AND MARIJUANA USE IN NEW
YORK CITY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., maid, chauffeur, chef) |

b If line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- 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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in 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," to line 5a or 5b, describe in Part III.

6 For persons listed in 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" to line 6a or 6b, describe in Part III

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008
Open To Public
Inspection

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
IRA GLASSER	CHAIRMAN OF BOARD	24,000.	PAID FOR A		X

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

Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

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:

CALIFORNIA, CONNECTICUT, MARYLAND, NEW JERSEY, NEW MEXICO, NEW YORK,
AND WASHINGTON, D.C. DRUG POLICY ALLIANCE'S ADVOCACY GRANTS PROGRAM
ALSO PROVIDED APPROXIMATELY \$1,400,000 MILLION TO PARTNER ORGANIZATIONS
AT THE NATIONAL AND LOCAL LEVELS IN SUPPORT OF THEIR EFFORTS TO REFORM
DRUG POLICY.

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

THE FEARS, PREJUDICES, AND PUNITIVE PROHIBITIONS OF TODAY ARE NO MORE.
OUR MISSION IS TO ADVANCE THOSE POLICIES AND ATTITUDES THAT BEST REDUCE
THE HARMS OF BOTH DRUG USE AND DRUG PROHIBITION, AND TO PROMOTE THE
SOVEREIGNTY OF INDIVIDUALS OVER THEIR MINDS AND BODIES.

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

PROMOTING EFFECTIVE DRUG EDUCATION FOR YOUTH.

THE DRUG POLICY ALLIANCE SUPPORTS INCREMENTAL POLICY AND LEGAL REFORMS
AT THE LOCAL, STATE, AND FEDERAL LEVELS THAT CAN BE ACCOMPLISHED OVER
THE NEXT FEW YEARS, WITH THE GOAL THAT EACH REFORM 1) CREATES REAL AND
MEASURABLE BENEFITS FOR PEOPLE WHO HAVE BEEN OR WOULD BE UNJUSTLY
VICTIMIZED BY THE WAR ON DRUGS, THEREBY REDUCING THE DEATH, DISEASE,
CRIME, AND SUFFERING ASSOCIATED WITH BOTH DRUG USE AND DRUG
PROHIBITION; 2) BUILDS POLITICAL CONSCIOUSNESS AMONG OTHER
ORGANIZATIONS AND THE PUBLIC REGARDING THE NEED TO REFORM DRUG
POLICIES; AND 3) ADVANCES OUR LONG-TERM VISION OF A SOCIETY IN WHICH
CRIMINALIZATION AND CRIMINAL JUSTICE INSTITUTIONS PLAY A MINIMAL ROLE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number
52-1516692

IN DEALING WITH DRUGS, DRUG USERS, AND DRUG MARKETS. THE DRUG POLICY ALLIANCE IS CURRENTLY MOST ACTIVE AT THE NATIONAL LEVEL AND IN ALABAMA, CALIFORNIA, CONNECTICUT, MARYLAND, NEW JERSEY, NEW MEXICO, NEW YORK, AND WASHINGTON, D.C.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS
REPOSITORIES OF PRINT AND OTHER MEDIA MATERIALS ABOUT DRUGS AND DRUG POLICY, AND HAS EMERGED AS THE DE FACTO ARCHIVES OF THE HARM REDUCTION AND DRUG POLICY REFORM MOVEMENTS. WHILE OUR PRIORITY IN OUR PUBLIC EDUCATION WORK IS TO BUILD SUPPORT FOR SHORT-TERM STATE CAMPAIGNS, WE ALSO SEEK TO ENGAGE IN LONGER-TERM CAMPAIGNS TO EDUCATE PEOPLE MORE BROADLY ABOUT OUR MISSION AND VISION. WE USE MARKETING TO PROMOTE DPA'S "BRAND" AS THE LEADING ORGANIZATION ADVANCING ALTERNATIVES TO THE WAR ON DRUGS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAM SERVICES INCLUDE- CONFERENCES, HEALTH AND HARM REDUCTION, TREATMENT AND PREVENTION, AND SPECIAL PROJECTS.
EXPENSES \$ 1307476. INCLUDING GRANTS OF \$ 0. REVENUE \$ 431544.

FORM 990, PART VI, SECTION A, LINE 10: WE HAVE ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE OUR FORM 990. ONCE THE FORM IS PREPARED, IT IS FORWARDED TO MANAGEMENT FOR THEIR INITIAL REVIEW FOR COMPLIANCE WITH THE FINANCIAL STATEMENTS, AND ALSO FORWARDED BY PAPER COPY TO THE PRESIDENT OF THE BOARD AS WELL AS THE EXECUTIVE DIRECTOR FOR THEIR REVIEW. ONCE ANY QUESTIONS OR CONCERNS ARE ADDRESSED, MANAGEMENT THEN FORWARDS THE RETURN TO

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

THE FULL BOARD BY EMAIL OR PAPER COPY FOR THEIR REVIEW. ANY QUESTIONS FROM BOARD MEMBERS ARE DIRECTED BY THE BOARD PRESIDENT TO STAFF OR TO THE ACCOUNTING FIRM, AS APPROPRIATE. ONCE ALL QUESTIONS FROM THE BOARD ARE SATISFACTORILY RESOLVED, THE FINANCE STAFF THEN CARRIES OUT A FINAL REVIEW, PAGE BY PAGE, TO VERIFY ALL CHANGES HAVE BEEN INCORPORATED. THE FINISHED FORM 990 IS THEN SUBMITTED BY MANAGEMENT TO THE EXECUTIVE DIRECTOR FOR HIS APPROVAL AND SIGNATURE, AND THE FINALIZED FORM 990 IS THEN FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST DOCUMENT IS FORWARDED TO THE FULL BOARD ANNUALLY FOR THEIR REVIEW AND SIGNATURE. THE BOARD MEMBERS SIGN THE FORM AND RETURN THE SIGNED FORM TO MANAGEMENT WHO REVIEW THE SIGNED COPIES FOR ANY CONFLICTS. THE POLICY COVERS ALL BOARD MEMBERS EQUALLY. IF IT IS ESTABLISHED THAT AN ACTUAL CONFLICT EXISTS, THE BOARD MEMBER 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. THE BOARD MEMBER WILL HAVE TO EXCUSE HIMSELF FROM THE MEETING AND ALLOW THE OTHER BOARD MEMBERS TO VOTE ON THE ISSUE.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF DRUG POLICY ALLIANCE (DPA) DETERMINE ANNUALLY THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE DPA COMMITTEE UTILIZE SURVEYS OF SIMILAR ORGANIZATIONS, COMPENSATION EXPERTS AND /OR ANY OTHER INPUT THE COMMITTEE DEEMS APPROPRIATE.

THE DPA POLICY ADOPTED SHALL BE REVIEWED BY THE BOARD, OR AT ITS DISCRETION

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

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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BY AN APPROPRIATE COMMITTEE, NO LESS THAN ONCE EVERY THREE YEARS.

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

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

FORM 990, PART VI, SECTION C, LINE 18: DRUG POLICY ALLIANCE MAKES ITS FORM
990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE
INTERNAL REVENUE CODE BY POSTING IT ON THEIR WEBSITE AS WELL AS
GUIDESTAR.ORG.

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS ARE MADE
AVAILABLE TO THE PUBLIC UPON REQUEST BY WRITING OR CALLING THE ORGANIZATION
DIRECTLY. HOWEVER, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY
ARE NOT MADE AVAILABLE TO THE PUBLIC. IN ADDITION, THE ORGANIZATION MAKES
ITS FORM 990 AVAILABLE BY POSTING IT ON GUIDESTAR.ORG AND OTHER SIMILAR
WEBSITES.

FORM 990. PART XI, LINE 2C

COMMITTEE OVERSIGHT OF AUDITED FINANCIALS.

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: IRA GLASSER

(D) DESCRIPTION OF TRANSACTION: PAID FOR A SEPARATE AND DISTINCT

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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CONSULTING ARRANGEMENT.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

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Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CENTER FOR POLICY REFORM - 52-1951197 70 W. 36TH STREET, 16TH FLOOR NEW YORK, NY 10018	DRUG POLICY ALLIANCE PROVIDES OFFICE SPACE AND ADMINISTRATIVE SUPPORT TO	NEW YORK	501(C)(4)	N/A	

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

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)		<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
h Exchange of assets		<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input checked="" type="checkbox"/>	
j Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input checked="" type="checkbox"/>	
l Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets		<input checked="" type="checkbox"/>
n Sharing of paid employees		<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses		<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses		<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

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

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) CENTER FOR POLICY REFORM		I	29,581.
(2) CENTER FOR POLICY REFORM		K	86,722.
(3)			
(4)			
(5)			
(6)			

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	DRUG POLICY ALLIANCE	52-1516692
	Number, street, and room or suite no. If a P.O. box, see instructions. 70 WEST 36TH STREET, 16TH FLOOR	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. NEW YORK, NY 10018	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

RYAN CHAVEZ

- The books are in the care of ☒ **70 WEST 36TH STREET, 16TH FLOOR, NY, NY - 10018**
 Telephone No. ☒ **(212) 613-8040** FAX No ☒ **(212) 613-8021**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **APRIL 15, 2010**
- 5 For calendar year _____, or other tax year beginning **JUN 1, 2008**, and ending **MAY 31, 2009**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a 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.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒ Title ☒ **EXECUTIVE DIRECTOR** Date ☒

Form **8868** (Rev. 4-2009)