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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No 1545-0047

2009Open to Public
Inspection**A** For the **2009** calendar year, or tax year beginning **JUN 1, 2009** and ending **MAY 31, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DRUG POLICY ALLIANCE Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 70 WEST 36TH STREET, 16TH FLOOR City or town, state or country, and ZIP + 4 NEW YORK, NY 10018	D Employer identification number 52-1516692
	F Name and address of principal officer: ETHAN NADELMANN SAME AS C ABOVE	E Telephone number (212) 613-8040
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	G Gross receipts \$ 9,448,407.
	J Website: ▶ WWW.DRUGPOLICY.ORG	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1987 M State of legal domicile NY

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: DRUG POLICY ALLIANCE SUPPORTED DRUG POLICY AND LEGAL REFORMS AT THE NATIONAL LEVEL AND IN ALABAMA,			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	16		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14		
Revenue	5	Total number of employees (Part V, line 2a)	58		
	6	Total number of volunteers (estimate if necessary)	0		
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.		
	b	Net unrelated business taxable income from Form 990-T, line 34	0.		
	8	Contributions and grants (Part VIII, line 1h)	9,689,876.	8,402,823.	
	9	Program service revenue (Part VIII, line 2g)	534,873.	417,105.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,304.	25,467.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97,412.	30,365.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,384,465.	8,875,760.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,505,238.	1,185,897.
14		Benefits paid to or for members (Part IX, column (A), line 4)			
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,205,108.	3,912,762.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	79,000.	98,500.	
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,186,083.			
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-12f)	3,264,441.	3,106,086.	
18		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,053,787.	8,303,245.	
19		Revenue less expenses. Subtract line 18 from line 12	1,330,678.	572,515.	
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	6,647,458.	7,237,430.
		21	Total liabilities (Part X, line 26)	338,675.	356,132.
	22	Net assets or fund balances. Subtract line 21 from line 20	6,308,783.	6,881,298.	

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer ETHAN NADELMANN, EXECUTIVE DIRECTOR Type or print name and title		Date 11/8/10	
Paid Preparer's Use Only	Preparer's signature [Signature]	Date 10/7/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00234022
	Firm's name (or yours if self-employed), address, and ZIP + 4 O'CONNOR DAVIES MUNNS & DOBBINS, LLP 60 EAST 42ND STREET, 36TH FL. NEW YORK, NY 10165-3698			EIN ▶ 13-3385017 Phone no ▶ (212) 286-2600

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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SCANNED DEC 06 2010

Part III Statement of Program Service Accomplishments

- 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 \$ 2,106,357. including grants of \$) (Revenue \$)
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 \$ 1,266,411. including grants of \$ 1,185,617.) (Revenue \$)
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 GRANTEEES ANNUALLY TO IMPROVE THE COORDINATION AMONG ORGANIZATIONS AND WITH THE DRUG POLICY ALLIANCE'S PROGRAMS.
- 4c (Code:) (Expenses \$ 1,285,901. including grants of \$) (Revenue \$ 17,581.)
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 \$ 1,044,678. including grants of \$) (Revenue \$ 399,524.)
- 4e Total program service expenses ► \$ 5,703,347.

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
13 Is the organization a school 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 United States?		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 United States? <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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) 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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	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>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38 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	111	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	58	
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	16	
b Enter the number of voting members that are independent	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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(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	1.00	X		X				10,000.	0.	0.
REV. EDWIN SANDERS SECRETARY	1.00	X		X				0.	0.	0.
RICHARD B. WOLF TREASURER	1.00	X		X				0.	0.	0.
ETHAN NADELMANN EXECUTIVE DIRECTOR	40.00	X		X				211,414.	0.	25,023.
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.
RYAN CHAVEZ DIR. OF FINANCE AND ADMI	40.00			X				113,644.	0.	13,920.

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			
DEREK HODEL DEPUTY EXECUTIVE DIRECTO	40.00			X				148,741.	0.	24,075.
DEDE DUNEVANT MANAGING DIR-COMMUNICATI	40.00				X			129,579.	0.	32,322.
DANIEL ABRAHAMSON DIR OF LEGAL AFFAIRS	32.00				X			103,063.	0.	39,293.
STEPHEN GUTWILLIG STATE DIR. OF CALIFORNIA	40.00				X			101,945.	0.	15,562.
1b Total								818,386.	0.	150,195.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **6**

- 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 but not limited to those listed above) 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	718,263.				
	c Fundraising events	1c	4,800.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7679760.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			8402823.			
Program Service Revenue	2 a <u>CONFERENCES</u>	Business Code	900099	272,622.	272,622.		
	b <u>DRUG POLICY ACTION ADM</u>		900099	126,902.	126,902.		
	c <u>PUBL, BOOKS AND VIDEOS</u>		900099	17,581.	17,581.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			417,105.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			25,309.		
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)				4,345.			
d Net rental income or (loss)				4,345.			4,345.
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses				510954.			
c Gain or (loss)				158.			
d Net gain or (loss)				158.			158.
8 a Gross income from fundraising events (not including \$ 4,800. of contributions reported on line 1c). See Part IV, line 18				82,421.			
b Less: direct expenses				61,693.			
c Net income or (loss) from fundraising events				20,728.			20,728.
9 a Gross income from gaming activities. See Part IV, line 19							
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a <u>MISCELLANEOUS INCOME</u>		900099	5,292.			5,292.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			5,292.				
12 Total revenue. See instructions			8875760.	417,105.	0.	55,832.	

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 VII.	(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	1,185,897.	1,185,897.		
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	533,527.	361,203.	126,348.	45,976.
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	2,610,243.	1,766,147.	620,737.	223,359.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	138,119.	99,124.	34,997.	3,998.
9 Other employee benefits	379,990.	261,062.	80,280.	38,648.
10 Payroll taxes	250,883.	163,868.	66,371.	20,644.
11 Fees for services (non-employees):				
a Management	10,686.		10,686.	
b Legal	25,645.	9,472.	16,173.	
c Accounting	33,546.		33,546.	
d Lobbying	242,571.	242,571.		
e Professional fundraising services See Part IV, line 17	98,500.			98,500.
f Investment management fees				
g Other	360,715.	257,987.	56,246.	46,482.
12 Advertising and promotion	19,278.	18,778.		500.
13 Office expenses	787,412.	250,627.	42,716.	494,069.
14 Information technology	211,264.	141,456.	18,733.	51,075.
15 Royalties				
16 Occupancy	604,240.	401,064.	130,410.	72,766.
17 Travel	224,057.	159,781.	61,649.	2,627.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	320,182.	284,981.	26,138.	9,063.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	51,203.	37,664.	9,250.	4,289.
23 Insurance	43,759.	4,247.	39,512.	
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 LISTS	69,258.			69,258.
b BOOKS, MEMBERSHIPS & SUB	44,582.	39,114.	693.	4,775.
c SERVICE CHARGES	21,122.		21,122.	
d SUNDRY	13,505.	10,236.	3,215.	54.
e BOARD EXPENSES	7,992.		7,992.	
f All other expenses	15,069.	8,068.	7,001.	
25 Total functional expenses. Add lines 1 through 24f	8,303,245.	5,703,347.	1,413,815.	1,186,083.
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	3,723.	1	213,748.
	2 Savings and temporary cash investments	6,125,589.	2	4,682,242.
	3 Pledges and grants receivable, net	3,965.	3	2,012,180.
	4 Accounts receivable, net	223,174.	4	29,021.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	85,903.	9	105,515.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 986,302.		
	b Less: accumulated depreciation	10b 876,158.	10c	110,144.
	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	84,580.	15	84,580.
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,647,458.	16	7,237,430.	
Liabilities	17 Accounts payable and accrued expenses	338,675.	17	356,132.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	338,675.	26	356,132.
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	3,034,818.	27	4,097,826.
	28 Temporarily restricted net assets	3,273,965.	28	2,783,472.
	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	6,308,783.	33	6,881,298.
34 Total liabilities and net assets/fund balances	6,647,458.	34	7,237,430.	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 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 supported organization(s)

	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 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,436,154.	8,815,020.	12,253,557.	9,689,876.	8,402,823.	47,597,430.
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 through 3	8,436,154.	8,815,020.	12,253,557.	9,689,876.	8,402,823.	47,597,430.
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)						22,712,488.
6 Public support. Subtract line 5 from line 4						24,884,942.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	8,436,154.	8,815,020.	12,253,557.	9,689,876.	8,402,823.	47,597,430.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	35,894.	37,289.	74,170.	57,310.	29,654.	234,317.
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.)	7,118.	4,731.	2,102.	22,837.	5,292.	42,080.
11 Total support. Add lines 7 through 10						47,873,827.
12 Gross receipts from related activities, etc. (see instructions)					12	1,615,391.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	51.98	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	52.87	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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"/>			

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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

OTHER INCOME CONSIST OF A FEW MISCELLANEOUS REVENUE ITEMS INVOLVING A
SMALL AMOUNT FOR REIMBURSEMENT OF EXPENSE, REFUND ON QUARTERLY PAYROLL TAX
AND OTHER MISCELLANEOUS REVENUE.

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

2009

**Open to Public
Inspection**

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

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 Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2009

LHA

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

- A** Check ☐ if the filing organization belongs to an affiliated group.
- 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												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)		14,551.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		404,753.													
c Total lobbying expenditures (add lines 1a and 1b)		419,304.													
d Other exempt purpose expenditures		6,743,834.													
e Total exempt purpose expenditures (add lines 1c and 1d)		7,163,138.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns.		508,157.													
<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)		127,039.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying nontaxable amount	516,837.	576,073.	545,445.	508,157.	2,146,512.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,219,768.
c Total lobbying expenditures	534,243.	584,040.	544,518.	419,304.	2,082,105.
d Grassroots nontaxable amount	129,209.	144,018.	136,361.	127,039.	536,627.
e Grassroots ceiling amount (150% of line 2d, column (e))					804,941.
f Grassroots lobbying expenditures	110,727.	59,137.	18,478.	14,551.	202,893.

Schedule C (Form 990 or 990-EZ) 2009

932043 02-04-10

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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 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 the 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		201,725.	199,125.	2,600.
d Equipment		734,667.	677,033.	57,634.
e Other		49,910.		49,910.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				110,144.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

(a) Description	(b) Book value
DEPOSITS	84,580.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	84,580.

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,875,760.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,303,245.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	572,515.
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 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	572,515.

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	8,937,453.
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	61,693.
e	Add lines 2a through 2d	2e	61,693.
3	Subtract line 2e from line 1	3	8,875,760.
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 must equal Form 990, Part I, line 12.)	5	8,875,760.

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

1	Total expenses and losses per audited financial statements	1	8,364,938.
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	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	61,693.
e	Add lines 2a through 2d	2e	61,693.
3	Subtract line 2e from line 1	3	8,303,245.
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 must equal Form 990, Part I, line 18.)	5	8,303,245.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: DRUG POLICY ALLIANCE RECOGNIZES THE EFFECT OF INCOME

TAX POSITIONS ONLY IF THOSE PORTIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT DPA HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. DPA IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR THE PERIODS PRIOR TO 2007.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information *(continued)*

SPECIAL EVENT DIRECT EXPENSES

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

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. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
b ☒ Internet and email solicitations
c ☐ Phone solicitations
d ☒ In-person solicitations
e ☒ Solicitation of non-government grants
f ☒ Solicitation of government grants
g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- b** If "Yes," list the 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.

(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 SOLICITATIONS		X	894,880.	60,000.	834,880.
LIVET REICHARD COMPANY, INC.	FUNDRAISING CONSULTANCY		X	87,221.	38,500.	48,721.
Total				982,101.	98,500.	883,601.

- 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.

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

Part II Fundraising Events. Complete if the organization answered "Yes" 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
		ART AUCTION		1	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	87,221.			87,221.
	2 Less: Charitable contributions	4,800.			4,800.
	3 Gross income (line 1 minus line 2)	82,421.			82,421.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	61,693.			61,693.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(61,693)
	11 Net income summary. Combine line 3, column (d), and line 10				20,728.

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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column (d), and line 7				

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?

b If "No," explain:

Yes No

9a

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

10a

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** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**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 of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

_____☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

OMB No 1545-0047

2009

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" to 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
A NEW PATH 527 DOUBLETREE ROAD SPRING VALLEY, CA 091978	33-0883927	501(C)3	30,000.	0.	N/A	N/A	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.	N/A	N/A	TO SUPPORT THEIR EFFORTS TOWARD MAKING MEDICAL MARIJUANA LEGAL AND ACCESSIBLE IN ALABAMA.
ALBANY COUNTY DISTRICT ATTORNEY 6 LODGE STREET ALBANY, NY 12207	14-6002563	501(C)3	20,000.	0.	N/A	N/A	TO SUPPORT DRUG LAW REFORM PUBLICLY.
AMERICAN CIVIL LIBERTIES UNION OF MS - PO BOX 2242 - JACKSON, MS 39225	64-0694013	501(C)3	15,000.	0.	N/A	N/A	TO BRING SOME OF THE MOST MARGINALIZED PEOPLE INTO POLICY AND OTHER DISCUSSIONS ABOUT REFORM.
CALIFORNIA SOCIETY OF ADDICTION MEDICINE (CSAM) - 575 MARKET STREET, STE. 2125 - SAN FRANCISCO, CA 94105	23-7364605	501(C)3	30,000.	0.	N/A	N/A	TO BRING DOCTORS AND OTHER MEDICAL PROFESSIONAL TO THE ADVOCACY TABLE.
CANGRESS (DBA LA COMMUNITY ACTION NETWORK) - 530 S. MAIN STREET - LOS ANGELES, CA 90013	02-0661629	501(C)3	15,000.	0.	N/A	N/A	TO SUPPORT THEIR CIVIL RIGHTS ADVOCACY PROJECT.

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

3 Enter total number of other organizations

51.

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) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and 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.

PART II, LINE 1, COLUMN (H):

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:

CENTER ON JUVENILE AND CRIMINAL JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REDUCE THE US'S RELIANCE ON

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number
52-1516692

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)									
Part I	(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	
	CENTER ON JUVENILE AND CRIMINAL JUSTICE - 440 9TH STREET - SAN FRANCISCO, CA 94103	94-3136811	501(C)3	40,000.	0.	N/A	N/A	TO REDUCE THE US'S RELIANCE ON PRISONS AS A SOLUTION TO THE MYRIAD PROBLEMS FACING OUR	
	COLORADO CRIMINAL JUSTICE 1212 MARIPOSA STREET #6 DENVER, CO 80204	84-1449882	501(C)3	30,000.	0.	N/A	N/A	GENERAL OPERATION SUPPORT FOR THEIR EFFORTS TO EDUCATE THE PUBLIC AND LAWMAKERS REGARDING THE	
	COMMUNITY HIV/AIDS MOBILIZATION PROJECT - 80-A FOURTH AVENUE BROOKLYN, NY 11217	42-1593749	501(C)3	15,000.	0.	N/A	N/A	TO SUPPORT PROJECT UNSHACKLE, WHICH SEEKS TO CONFRONT MASS INCARCERATION AS A ROOT	
	DIRECT ACTION FOR RIGHTS AND EQUALITY (DARE) - 340 LOCKWOOD STREET PROVIDENCE, RI 2907	05-0422763	501(C)3	15,000.	0.	N/A	N/A	TO CONTINUE SUPPORT THEIR BEHIND THE WALLS PROJECT, WHICH SEEKS TO ORGANIZE PEOPLE WHOSE LIVES HAVE	
	DRCNET FOUNDATION INC. 1623 CONNECTICUT AVENUE, NW FLOOR 3 WASHINGTON DC, NY 20009	52-2034867	501(C)3	15,000.	0.	N/A	N/A	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.	N/A	N/A	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.	N/A	N/A	GENERAL OPERATING SUPPORT FOR THE KEY DRUG POLICY REFORM GROUP IN THE STATE.	
	DRUG POLICY FORUM OF KANSAS, INC. PO BOX 357 LAWRENCE, KS 66044	20-3112595	501(C)3	5,000.	0.	N/A	N/A	TO SUPPORT THE KEY DRUG POLICY REFORM GROUP IN THE STATE.	

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

Schedule I-1 (Form 990) 2009

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number
52-1516692

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
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DRUGSENSE 14252 CULVER DRIVE #328 IRVINE, CA 92604	77-0440900	501(C)3	50,000.	0.	N/A	N/A	GENERAL OPERATING SUPPORT TO CONTINUE ENABLING THE ORGANIZATION TO PROVIDE THE MOVEMENT WITH THE		
DRUGTRUTH NETWORK (P.S. DRUGSENSE) 9539 PECAN GLEN COURT HOUSTON, TX 77040	77-0440900	501(C)3	15,000.	0.	N/A	N/A	TO SUPPORT THEIR ORGANIZATION'S MEDIA WORK.		
FAMILIES ACT 123 E. PEDREGOSA STREET SANTA BARBARA, CA 93101	38-3767998	501(C)3	10,000.	0.	N/A	N/A	TO SUPPORT AN OUTREACH AND ADVOCACY PROJECT TARGETED AT COLLEGE STUDENT POPULATION.		
FAMILIES FOR FREEDOM / URBAN JUSTICE CENTER - 3 WEST 29TH STREET - NEW YORK, NY 10001	20-2798922	501(C)3	20,000.	0.	N/A	N/A	TO HELP CONDUCT "KNOW YOUR RIGHTS" WORKSHOPS FOR COMMUNITIES TARGETED BY BOTH IMMIGRATION		
HARM REDUCTION THERAPY CENTER 423 GOUGH STREET SAN FRANCISCO, CA 94102	94-3363781	501(C)3	35,000.	0.	N/A	N/A	TO SUPPORT THEIR SAN FRANCISCO FORUM.		
HOMELESS YOUTH ALLIANCE (F.S. TIDES CENTER) - PO BOX 170427 - SAN FRANCISCO, CA 94117	94-3213100	501(C)3	15,000.	0.	N/A	N/A	TO HELP INCREASE THE THE SCOPE AND EFFECTIVENESS OF THEIR ADVOCACY WORK.		
INDEPENDENT MEDIA INSTITUTE / ALTERNET - 77 FEDERAL PLAZA FLOOR 2 - SAN FRANCISCO, CA 94107	52-1309876	501(C)3	20,000.	0.	N/A	N/A	TO SUPPORT THEIR ORGANIZATION'S MEDIA WORK.		
INSTITUTE FOR METROPOLITAN AFFAIRS (F.S. ROOSEVELT UNIVERSITY) - 430 S. MICHIGAN AVENUE - CHICAGO, IL 60605	36-2167854	501(C)3	25,000.	0.	N/A	N/A	TO SUPPORT THE ILLINOIS CONSORTIUM ON DRUG POLICY, IN THEIR EFFORTS TOWARDS SENTENCING REFORM		

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Schedule I-1 (Form 990) 2009

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 United States (Schedule I (Form 990), Part I.)									
(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		
JUSTICE STRATEGIES (F.S. TIDES CENTER) - 139 WASHINGTON AVENUE BROOKLYN, NY 11205	94-3213100	501(C)3	25,000.	0.	N/A	N/A	TO SUPPLY RELEVANT CRIMINAL JUSTICE RESEARCH TO THIS MOVEMENT SO THAT ADVOCATES IN TURN MAY GENERAL OPERATING SUPPORT TO SUSTAIN ITS EFFORTS TO PRESENT A LAW ENFORCEMENT PERSPECTIVE ON THE NEED		
LAW ENFORCEMENT AGAINST PROHIBITION (LEAP) - PO BOX 25501 - MEDFORD, MA 02155	16-1645758	501(C)3	40,000.	0.	N/A	N/A	TO SUPPORT PROJECT RETHINK.		
MOTHERS AGAINST TEEN VIOLENCE (MATV) - 2904 FLOYD STREET, SUITE F - DALLAS, TX 75204	75-2539186	501(C)3	15,000.	0.	N/A	N/A	TO INCREASE PUBLIC AND POLICY SUPPORT TO MOVE DRUG ADDICTION OUT OF THE CRIMINAL JUSTICE SYSTEM		
NEW ENGLAND POLICY ADVOCATES (F.S. NEW ENGLAND PREVENTION ALLIANCE) - 101 TREMONT STREET, SUITE 509 - BOSTON, MA 02108	03-0591567	501(C)3	20,000.	0.	N/A	N/A	TO SUPPORT THEIR EFFORTS TO EDUCATE RESIDENTS AND POLICYMAKERS IN NEW MEXICO ABOUT OVERALL		
NEW MEXICO WOMEN'S JUSTICE PROJECT PO BOX 25501 ALBUQUERQUE, NM 87125-550	81-0548043	501(C)3	15,000.	0.	N/A	N/A	TO SUPPORT A GROUND BREAKING DAY-AND-A-HALF CONFERENCE THAT SEEKS TO ADVANCE A		
NY ACADEMY OF MEDICINE 1216 FIFTH AVENUE NEW YORK, NY 10029	13-1656674	501(C)3	40,000.	0.	N/A	N/A	TO SUPPORT THEIR PUBLIC EDUCATION CAMPAIGN THAT WILL SEEK TO BUILD A BASE OF SUPPORT FOR		
PARTNERSHIP FOR SAFETY AND JUSTICE 825 NE 20TH AVENUE, SUITE 250 PORTLAND, OR 97232	93-1277774	501(C)3	15,000.	0.	N/A	N/A	TO START UP A PILOT PROGRAM FOR NALOXONE DISTRIBUTION IN NORTH CAROLINA'S APPALACHIA		
PROJECT LAZARUS (NORTHWEST COMMUNITY CARE NETWORK) - PO BOX 15046 WINSTON-SALEM, NC 27113-0046	27-0602284	501(C)3	20,000.	0.	N/A	N/A			

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047
2009
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 United States (Schedule I (Form 990), Part I.)									
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PROJECT SOUTH INSTITUTE 9 GAMMON AVENUE ATLANTA, GA 30315	58-1956686	501(C)3	20,000.	0. N/A		N/A	TO SUPPORT THE BLACKBELT COMMUNITY SAFETY INITIATIVE PROJECT.		
REGIONAL CONGREGATION AND NEIGHBORHOOD ORGANIZATIONS - 1061 E. 54TH STREET - LOS ANGELES, CA 90011	95-4828869	501(C)3	15,000.	0. N/A		N/A	TO SUPPORT BUILDING CLERICAL AND LAY LEADERS CAPACITY TO "PROTECT, SERVE AND REVITALIZE" THE		
STUDENTS FOR SENSIBLE DRUG POLICY FOUNDATION - 1623 CONNECTICUT AVE, SUITE 300 - WASHINGTON DC, NY 20009	52-2296291	501(C)3	50,000.	0. N/A		N/A	TO EXPAND THEIR CAMPUS CHANGE CAMPAIGN.		
THE BRONX DEFENDER 860 COURTLANDT AVENUE BRONX, NY 10451	13-3931074	501(C)3	20,000.	0. N/A		N/A	THIS ORGANIZATION IS A COMMUNITY-BASED AND ORIENTED PUBLIC DEFENSE ORGANIZATION THAT CLAIMS		
THE FORTUNE SOCIETY 29-76 NORTHERN BLVD. LONG ISLAND CITY, NY 11101	13-2645436	501(C)3	15,000.	0. N/A		N/A	TO SUPPORT THEIR DAVID ROTHENBERG CENTER FOR PUBLIC POLICY.		
THE ORDINARY PEOPLE SOCIETY (TOPS) 403 WEST POWELL STREET DOTHAN, AL 36303	82-0587071	501(C)3	40,000.	0. N/A		N/A	TO FURTHER DEVELOP ITS NEW BOTTOM LINE CAMPAIGN.		
UTAH SUPPORT ADVOCATES FOR RECOVERY AWARENESS - 5397 SOUTH VINE STREET - SALT LAKE CITY, UT 84107	38-3750535	501(C)3	15,000.	0. N/A		N/A	TO SUPPORT THE DRUG OFFENDER REFORM ACT PROGRAM.		
VOCAL (P.S. NYC AIDS HOUSING NETWORK -NYCAHN) - 80-A FOURTH AVENUE - BROOKLYN, NY 11217	13-4094385	501(C)3	35,000.	0. N/A		N/A	TO SUPPORT ITS USERS UNION.		

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VOLUNTARY COMMITTEE OF LAWYERS, INC. - 1200 FIFTH AVENUE, SUITE 600 SEATTLE, WA 98101	13-3972556	501(C)3	25,000.	0. N/A		N/A	GENERAL OPERATING SUPPORT TO STIMULATE DEBATE AND DISCUSSION AND INFLUENCE PROGRESSIVE DRUG POLICY
VOLUNTEERS OF AMERICA DELAWARE VALLEY - 235 WHITE HORSE PIKE COLLINGSWOOD, NJ 08107	13-1692595	501(C)3	30,000.	0. N/A		N/A	TO SUPPORT A PROJECT THAT WILL SEEK TO LIFT THE FELONY DRUG BAN.
WOMEN ON THE RISE TELLING HERSTORY (F.S THE OSBORNE ASSOCIATION) - 1430 FREEPORT LOOP, SUITE 11A - BROOKLYN, NY 11239	13-5563028	501(C)3	20,000.	0. N/A		N/A	TO HELP TRAIN WORTH MEMBERS IN PUBLIC SPEAKING, AND CONDUCTING WORKSHOPS ALL WHICH ARE TO HELP EXPAND TREATMENT FOR PEOPLE STRUGGLING WITH ADDICTION AND TO ELIMINATE PRISON TIME FOR
ELLA BAKER CENTER 344 40TH STREET OAKLAND, CA 94609	94-3252009	501(C)3	4,500.	0. N/A		N/A	TO SUPPORT A ONE-DAY MEETING OF US EXPERT RESEARCHERS TO DEVELOP RECOMMENDATIONS FOR
FUND FOR PUBLIC HEALTH 291 BROADWAY 17TH FLOOR NEW YORK, NY 10007	05-0539199	501(C)3	2,500.	0. N/A		N/A	TO SUPPORT THEIR ORGANIZATION'S EFFORT TO EDUCATE THE CITIZENS OF ALBANY ABOUT THE NEED TO
WORKING FAMILIES ORGANIZATIONS 2 NEVINS STREET FLOOR 3 BROOKLYN, NY 11217	20-4994004	501(C)4	25,000.	0. N/A		N/A	TO HELP COVER THE COST OF NASAL ADAPTORS FOR THE FIRST 400 PATIENTS FOR THE ORGANIZATION'S
PROJECT LAZARUS / WOMACK ARMY MEDICAL CENTER - PO BOX 15046 - FAYETTEVILLE, NC 28654	27-0602284	501(C)3	2,152.	0. N/A		N/A	TO SUPPORT POLLING AND MEDIA CAMPAIGN EFFORTS ON QUESTION 5.
MAINE CITIZENS FOR PATIENTS RIGHTS PO BOX 1074 LEWISTON, ME 4204	20-4588669	501(C)3	17,900.	0. N/A		N/A	

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
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CANADIAN STUDENTS FOR SENSIBLE DRUG POLICY - 1311 THAMES STREET - OTTAWA, OR K1Z 7N2		501(C)3	2,500.	0.	N/A	N/A	TO SUPPORT CSSDP'S THIRD ANNUAL STUDENT-RUN NATIONAL CONFERENCE.	
VOLUNTARY COMMITTEE OF LAWYERS, INC. - 1200 FIFTH AVENUE, SUITE 600 - SEATTLE, WA 98101	13-3972556	501(C)3	5,600.	0.	N/A	N/A	TO HELP LEGISLATORS TAKE PART IN A DISCUSSION PANEL AT THE REFORM CONFERENCE IN NOVEMBER.	
COLORADO CRIMINAL JUSTICE 1212 MARIPOSA STREET #6 DENVER, CO 80204	84-1449882	501(C)3	15,000.	0.	N/A	N/A	TO HELP DEVELOP AND DRIVE THE MEDIA CAMPAIGN IN SUPPORT OF RECENTLY RECOMMENDED CHANGES IN	
PEOPLE SERVING A LARGER MISSION (F.S RCNO TRAINING CENTER) - 1061 E 54TH STREET - LOS ANGELES, CA 90011	95-4828869	501(C)3	15,000.	0.	N/A	N/A	TO SUPPORT YOUR ORGANIZATION'S EFFORT TO "COMPEL AND PRESSURE" STATE LEGISLATORS TO	
PENNSYLVANIA PRISON SOCIETY 245 N. BROAD STREET, SUITE 300 PHILADELPHIA,, PA 19107	23-1352267	501(C)3	12,000.	0.	N/A	N/A	TO SUPPORT THE ORGANIZATION'S EDUCATION CAMPAIGN / SPEAKING TOUR ABOUT THE NEED FOR	
WOMEN WITH A VISION 1515 S SALCEDO STREET, SUITE 212 NEW ORLEANS, LA 70125	72-1202185	501(C)3	15,000.	0.	N/A	N/A	TO HELP ERECT A STRONG PUBLIC EDUCATION EFFORT ABOUT LOUISIANA'S DRUG POLICY AND PARAPHERNALIA	
INSTITUTE FOR METROPOLITAN AFFAIRS (F.S. ROOSEVELT UNIVERSITY) - 430 S. MICHIGAN AVENUE CHICAGO, IL 60605	36-2167854	501(C)3	6,000.	0.	N/A	N/A	TO HELP CONDUCT TWO WORKSHOPS, ONE MEANT TO GARNER MORE SUPPORT FOR NALOXONE USE AND THE	
EXPONENTS 151 WEST 26TH STREET FLOOR 3 NEW YORK, NY 10001	13-3572677	501(C)3	2,500.	0.	N/A	N/A	TO HELP THE ORGANIZATION BRING HUNDREDS ON INNER CITY ADDICTS TO A "LEGISLATIVE ADVOCACY	

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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Employer identification number
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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I)

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VOTER POWER FOUNDATION 115 EAST JEFFERSON STREET PORTLAND, OR 97208	93-1289249	501(C)3	25,000.	0.	N/A	N/A	TO HELP PASS INITIATIVE 28 IN OREGON.
CENTER FOR COMMUNITY ALTERNATIVES 115 EAST JEFFERSON STREET SYRACUSE, NY 13202	16-1395992	501(C)3	20,000.	0.	N/A	N/A	TO HELP COORDINATE A TEAM OF VOLUNTEER SOCIAL WORKERS WHO WILL PROVIDE MITIGATION SERVICES FOR
STUDENTS FOR SENSIBLE DRUG POLICY FOUNDATION - 1623 CONNECTICUT AVE, NW SUITE 300 - WASHINGTON DC, NY 20009	52-2296291	501(C)3	15,000.	0.	N/A	N/A	TO SUPPORT THE ORGANIZATION'S EFFORT TO ORGANIZE LAWYERS ACROSS THE STATE TO ADVOCATE FOR
HARM REDUCTION ACTION CENTER (P.S. COLORADO NONPROFIT DEVELOPMENT CENTER) - 775 LIPAN STREET - DENVER, CO 80204	84-1493585	501(C)3	9,965.	0.	N/A	N/A	TO SUPPORT AN IDU-LED EFFORT TO DO KEY COMMUNITY ORGANIZING AROUND MAKING SYRINGE
NATIONAL ASSOCIATION OF SOCIAL WORKERS - 750 FIRST STREET, NE SUITE 700 - WASHINGTON DC, NY 20002	13-6128093	501(C)3	20,000.	0.	N/A	N/A	TO SUPPORT THE ORGANIZATION'S ONE DAY CONFERENCE AIMED AT ADVANCING A COORDINATED
MAIN STREETS SOLUTIONS 45 MEMORIAL CIRCLE AUGUSTA, ME 4332	65-1301638	501(C)3	20,000.	0.	N/A	N/A	TO SUPPORT THE MEDICAL MARIJUANA CONFERENCE.

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Schedule I-1 (Form 990) 2009

Part IV Supplemental Information

PRISONS AS A SOLUTION TO THE MYRIAD PROBLEMS FACING OUR NATION.

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:

COMMUNITY HIV/AIDS MOBILIZATION PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROJECT UNSHACKLE, WHICH SEEKS TO CONFRONT MASS INCARCERATION AS A ROOT CAUSE OF HIV/AIDS INFECTION.

NAME OF ORGANIZATION OR GOVERNMENT:

DIRECT ACTION FOR RIGHTS AND EQUALITY (DARE)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE SUPPORT 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:

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:

Part IV Supplemental Information

FAMILIES ACT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AN OUTREACH AND ADVOCACY PROJECT TARGETED AT COLLEGE STUDENT POPULATION, POLICY-MAKERS AND THE GENERAL PUBLIC.

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILIES FOR FREEDOM / URBAN JUSTICE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP CONDUCT "KNOW YOUR RIGHTS" WORKSHOPS FOR COMMUNITIES TARGETED BY BOTH IMMIGRATION POLICIES AND THE DRUG WAR.
TO SUPPORT THEIR SAN FRANCISCO FORUM.

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 DRUG OFFENDERS IN THE STATE.

NAME OF ORGANIZATION OR GOVERNMENT:

JUSTICE STRATEGIES (F.S. TIDES CENTER)

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

Part IV Supplemental Information

DRUG PROHIBITION.

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:

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:

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:

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:

PROJECT LAZARUS (NORTHWEST COMMUNITY CARE NETWORK)

Part IV Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT:

REGIONAL CONGREGATION AND NEIGHBORHOOD ORGANIZATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT BUILDING CLERICAL AND LAY LEADERS CAPACITY TO "PROTECT, SERVE AND REVITALIZE" THE COMMUNITIES IN WHICH THEY EXIST.

NAME OF ORGANIZATION OR GOVERNMENT:

THE BRONX DEFENDER

(H) PURPOSE OF GRANT OR ASSISTANCE: THIS ORGANIZATION IS A COMMUNITY-BASED AND ORIENTED PUBLIC DEFENSE ORGANIZATION THAT CLAIMS AS ITS MISSION MORE THAN JUST LEGAL AID, ADVOCACY FOR THE INDIGENT AS WELL.

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:

WOMEN ON THE RISE TELLING HERSTORY (F.S THE OSBORNE ASSOCIATION)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP TRAIN WORTH MEMBERS IN PUBLIC SPEAKING, AND CONDUCTING WORKSHOPS ALL WHICH ARE HELD IN LOW-INCOME COMMUNITIES OF COLOR WITH A SPECIAL FOCUS ON THE NEEDS OF WOMEN.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

ELLA BAKER CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP EXPAND TREATMENT FOR PEOPLE STRUGGLING WITH ADDICTION AND TO ELIMINATE PRISON TIME FOR PEOPLE WHO ARE ARRESTED FOR MINOR DRUG LAW OFFENSES.

NAME OF ORGANIZATION OR GOVERNMENT:

FUND FOR PUBLIC HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A ONE-DAY MEETING OF US EXPERT RESEARCHERS TO DEVELOP RECOMMENATIONS FOR MEASURING SYRINGE EXCHANGE SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT:

WORKING FAMILIES ORGANIZATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR ORGANIZATOIN'S EFFORT TO EDUCATE THE CITIZENS OF ALBANY ABOUT THE NEED TO IMPLEMENT DURG POLICY REFORM PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT:

PROJECT LAZARUS / WOMACK ARMY MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP COVER THE COST OF NASAL ADAPTORS FOR THE FIRST 400 PATIENTS FOR THE ORGANIZATION'S PRESCRIPTION NALOXONE DISPENSING.

NAME OF ORGANIZATION OR GOVERNMENT:

COLORADO CRIMINAL JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP DEVELOP AND DRIVE THE MEDIA CAMPAIGN IN SUPPORT OF RECENTLY RECOMMENDED CHANGES IN STATE DRUG POLICY.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

PEOPLE SERVING A LARGER MISSION (F.S RCNO TRAINING CENTER)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT YOUR ORGANIZATION'S EFFORT TO "COMPEL AND PRESSURE STATE LEGISLATORS TO PROVIDE ADDITIONAL STATE FUNDING FOR DRUG TREATMENT AND PUBLIC HEALTH SERVICES TO LOCAL COMMUNITIES AS PART OF A REENTRY SELECT COMMITTEE APPROVED BY SPEAKER KAREN BASS.

NAME OF ORGANIZATION OR GOVERNMENT:

PENNSYLVANIA PRISON SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATION'S EDUCATION CAMPAIGN / SPEAKING TOUR ABOUT THE NEED FOR STATEWIDE DRUG POLICY REFORM.

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN WITH A VISION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP ERECT A STRONG PUBLIC EDUCATION EFFORT ABOUT LOUISIANA'S DRUG POLICY AND PARAPHERNALIA LAW.

NAME OF ORGANIZATION OR GOVERNMENT:

INSTITUTE FOR METROPOLITAN AFFAIRS (F.S. ROOSEVELT UNIVERSITY)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP CONDUCT TWO WORKSHOPS, ONE MEANT TO GARNER MORE SUPPORT FOR NALOXONE USE AND THE SECOND TO TEACH HEALTHCARE PROFESSIONALS INCLUDING THOSE WHO WORK AT COOK COUNTY JAIL.

NAME OF ORGANIZATION OR GOVERNMENT:

EXPONENTS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP THE ORGANIZATION BRING HUNDREDS ON INNER CITY ADDICTS TO A "LEGISLATIVE ADVOCACY DAY".

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR COMMUNITY ALTERNATIVES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP COORDINATE A TEAM OF VOLUNTEER SOCIAL WORKERS WHO WILL PROVIDE MITIGATION SERVICES FOR PEOPLE WHO ARE ELIGIBLE FOR RE-SENTENCING UNDER LAST YEAR'S REFORM.

NAME OF ORGANIZATION OR GOVERNMENT:

STUDENTS FOR SENSIBLE DRUG POLICY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATION'S EFFORT TO ORGANIZE LAWYERS ACROSS THE STATE TO ADVOCATE FOR AN ABA RESOLUTION THAT WOULD CALL FOR CALIFORNIA'S AND ALL STATE'S RIGHTS FOR MARIJUANA POLICY REFORM.

NAME OF ORGANIZATION OR GOVERNMENT:

HARM REDUCTION ACTION CENTER (F.S. COLORADO NONPROFIT DEVELOPMENT CENTER)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AN IDU-LED EFFORT TO DO KEY COMMUNITY ORGANIZING AROUND MAKING SYRINGE EXCHANGE LEGAL IN COLORADO.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL ASSOCIATION OF SOCIAL WORKERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ORGANIZATION'S ONE DAY CONFERENCE AIMED AT ADVANCING A COORDINATED PUBLIC HEALTH APPROACH TO DRUG POLICY IN THE UNITED STATES.

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open 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 any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**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**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

- ▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

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**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).

Complete if the organization 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.

Complete if the organization 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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	10,000.	PAID FOR A		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)-

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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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

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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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 \$ 1044678. INCLUDING GRANTS OF \$ 0. REVENUE \$ 399524.

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

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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2009

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

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

SCHEDULE O
(Form 990)-

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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Name of the organization

DRUG POLICY ALLIANCE

Employer identification number
52-1516692

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, , 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

THE ORGANIZATION DID NOT CHANGED THEIR OVERSIGHT PROCESS OR SELECTION
PROCESS DURING THE CURRENT TAX YEAR FROM THE PRIOR YEAR.

SCHEDULE G, PART I, LINE 2B, COLUMN (V): LIVET REICHARD WAS RETAINED BY
DRUG POLICY ALLIANCE ("DPA") TO PROVIDE CONSULTING SERVICES FOR DPA'S MAY
2010 ART AUCTION.

SCHEDULE O
(Form 990)-

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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Name of the organization

DRUG POLICY ALLIANCE

Employer identification number
52-1516692

A.B. DATA, LTD. WAS RETAINED FOR THE CHARITABLE PURPOSE OF FUNDRAISING
SOLICITATION THROUGH DIRECT MAILING TO ASSIST DPA'S WORK IN BROADENING
THE PUBLIC DEBATE ON DRUG POLICY AND TO PROMOTE REALISTIC ALTERNATIVES TO
WAR ON DRUGS BASED ON SCIENCE, COMPASSION, PUBLIC HEALTH AND HUMAN
RIGHTS.

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
CONSULTING ARRANGEMENT.

Employer identification number
52-1516692

Organization answered "Yes" to Form 990, Part IV, line 33.)

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

[illegible]

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**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)	DRUG POLICY ACTION			I	61,279.
(2)	DRUG POLICY ACTION			K	65,623.
(3)					
(4)					
(5)					
(6)					

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

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 70 WEST 36TH STREET, 16TH FLOOR	
	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):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

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 will cover.

- 1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **JANUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

- ☐ calendar year _____ or
 ► ☒ tax year beginning **JUN 1, 2009**, and ending **MAY 31, 2010**

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. 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.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 4-2009)