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**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)

OMB No 1545-0047

**2011**

Open to Public  
Inspection

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

**A** For the 2011 calendar year, or tax year beginning **JUN 1, 2011** and ending **MAY 31, 2012**

<b>B</b> Check if applicable: <input checked="" 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	<b>C</b> Name of organization <b>DRUG POLICY ALLIANCE</b>		<b>D</b> Employer identification number <b>52-1516692</b>
	Doing Business As		<b>E</b> Telephone number <b>(212) 613-8041</b>
	Number and street (or P O box if mail is not delivered to street address) Room/suite <b>131 WEST 33RD STREET, 15TH FLOOR</b>		<b>G</b> Gross receipts \$ <b>47,588,300.</b>
	City or town, state or country, and ZIP + 4 <b>NEW YORK, NY 10001</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>F</b> Name and address of principal officer: <b>ETHAN NADELMANN</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.DRUGPOLICY.ORG</b>			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation <b>1987</b>	<b>M</b> State of legal domicile <b>NY</b>

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>DRUG POLICY ALLIANCE SUPPORTED DRUG POLICY AND LEGAL REFORMS AT THE NATIONAL LEVEL AND IN ALABAMA,</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	<b>55</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	Revenue	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34		<b>7b</b>	<b>0.</b>
<b>8</b> Contributions and grants (Part VIII, line 1h)		<b>Prior Year</b>	<b>Current Year</b>
<b>9</b> Program service revenue (Part VIII, line 2g)		<b>9,033,672.</b>	<b>46,628,606.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>188,931.</b>	<b>486,685.</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>12,255.</b>	<b>&lt;120.&gt;</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>471,612.</b>	<b>20,181.</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>9,706,470.</b>	<b>47,135,352.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>1,043,802.</b>	<b>1,096,970.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0.</b>	<b>0.</b>
Expenses	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>4,194,445.</b>	<b>4,638,468.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,334,061.</b>	<b>161,356.</b>	<b>132,547.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,616,380.</b>	<b>4,015,661.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>9,015,983.</b>	<b>9,883,646.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>690,487.</b>	<b>37,251,706.</b>
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>8,505,137.</b>	<b>48,729,843.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>933,352.</b>	<b>3,906,352.</b>
		<b>7,571,785.</b>	<b>44,823,491.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date
	<b>ETHAN NADELMANN, EXECUTIVE DIRECTOR</b> Type or print name and title		<b>3/11/13</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>THOMAS F. BLANEY</b>	<b>OR AG</b>	<b>3/6/13</b>
	Firm's name	Firm's EIN	PTIN
	<b>O'CONNOR DAVIES, LLP</b>	<b>27-1728945</b>	<b>P00234022</b>
	Firm's address	Phone no	
	<b>665 FIFTH AVENUE NEW YORK, NY 10022</b>	<b>(212) 286-2600</b>	

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

☒ Yes ☐ No

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ **X****1** Briefly describe the organization's mission:

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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.**4a** (Code \_\_\_\_\_) (Expenses \$ 2,686,177. 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 \$ 1,110,204. including grants of \$ 1,096,970.) (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 \$ 1,443,012. including grants of \$ \_\_\_\_\_) (Revenue \$ 10,664.)

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 \$ 1,814,449. including grants of \$ \_\_\_\_\_) (Revenue \$ 476,021.)

**4e** Total program service expenses **7,053,842.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>12a</b> 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>	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> 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, Parts II and IV</i>		<b>X</b>
<b>16</b> 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, Parts III and IV</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>X</b>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	
<b>22</b> 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>	<b>22</b>	X
<b>23</b> 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>	<b>23</b> X	
<b>24a</b> 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>	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> 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>	<b>25a</b>	X
<b>b</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>	<b>25b</b>	X
<b>26</b> 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>	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<b>27</b>	X
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	X
<b>32</b> 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>	<b>32</b>	X
<b>33</b> 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>	<b>33</b>	X
<b>34</b> 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>	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>35b</b>	X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>36</b> X	
<b>37</b> 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>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>38</b> X	

**Note.** All Form 990 filers are required to complete Schedule O

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	62	
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?		
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	55	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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 <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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?		
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	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	<b>Sponsoring organizations maintaining donor advised funds.</b>		
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	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	17													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		16												
b Enter the number of voting members included in line 1a, above, who are independent														
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														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 governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														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)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?														
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done						X								
13 Did the organization have a written whistleblower policy?						X								
14 Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?														

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **RYAN CHAVEZ, DIR. OF FINANCE AND ADMIN. - (212) 613-8041**  
**131 W. 33RD STREET, 15TH FLOOR, NEW YORK, NY 10001**

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

Check if Schedule O contains a response to any question in this Part VII

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) IRA GLASSER PRESIDENT	1.00	X		X				0.	0.	0.
(2) REV. EDWIN SANDERS SECRETARY	1.00	X		X				0.	0.	0.
(3) RICHARD B. WOLF TREASURER	1.00	X		X				0.	0.	0.
(4) ETHAN NADELMANN EXECUTIVE DIRECTOR	32.00	X		X				245,298.	0.	33,747.
(5) CARL HART, PHD DIRECTOR	1.00	X						0.	0.	0.
(6) JODIE EVANS DIRECTOR	1.00	X						0.	0.	0.
(7) JAMES E. FERGUSON, II DIRECTOR	1.00	X						0.	0.	0.
(8) MATHILDE KRIM, PHD DIRECTOR	1.00	X						0.	0.	0.
(9) PAMELA LICHTY DIRECTOR	1.00	X						0.	0.	0.
(10) ROBERT NEWMAN, MD DIRECTOR	1.00	X						0.	0.	0.
(11) GEORGE SOROS DIRECTOR	1.00	X						0.	0.	0.
(12) DR. CHRISTINE DOWNTON DIRECTOR	1.00	X						0.	0.	0.
(13) JASON FLOM DIRECTOR	1.00	X						0.	0.	0.
(14) JOHN VASCONCELLOS DIRECTOR	1.00	X						0.	0.	0.
(15) LLONA SZABO DE CAVALHO DIRECTOR	1.00	X						0.	0.	0.
(16) THE HON. LARRY CAMPBELL DIRECTOR	1.00	X						0.	0.	0.
(17) DAVID C. LEWIS, MD DIRECTOR	1.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) RYAN CHAVEZ DIR. OF FINANCE AND ADMIN.	40.00			X				122,810.	0.	26,811.
(19) DEDE DUNEVANT MANAGING DIR-COMMUNICATION	40.00					X		136,459.	0.	19,800.
(20) JILL HARRIS MANAGING DIRECTOR - PUBLIC POLICY	40.00					X		126,924.	0.	17,136.
(21) STEPHEN GUTWILLIG STATE DIR. OF CALIFORNIA	40.00					X		107,248.	0.	17,244.
(22) CLOVIS THORN MANAGING DIRECTOR - FUNDRAISING	40.00					X		105,859.	0.	11,356.
<b>1b Sub-total</b>								844,598.	0.	126,094.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								844,598.	0.	126,094.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
A.B. DATA 600 A.B. DATA DRIVE, MILWAUKEE, WI 53217	PROFESSIONAL FUNDRAISER	584,584.
LEO J. BLACKMAN 12 W. 27TH STREET, NEW YORK, NY 10001	ARCHITECT CONSULTANT	177,361.
BEVERIDGE SEAY, INC., 2000 "P" STREET, NW, SUITE 700, WASHINGTON, DC 20036	DESIGN CONSULTANT	157,354.
HELMSBRISCOE RESOURCEONE 29875 N. 90TH PLACE, SCOTTSDALE, AZ 85255	CONFERENCE CONSULTANT	122,974.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a				
	b	Membership dues	1b	738,100.			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	45,890,506.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	<b>Total.</b> Add lines 1a-1f		46,628,606.			
<b>Program Service Revenue</b>	2 a	REGISTRATION AND CONFE	Business Code 900099	333,417.	333,417.		
	b	DRUG POLICY ACTION ADM	900099	142,604.	142,604.		
	c	PUBLICATIONS AND VIDEO	900099	10,664.	10,664.		
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		486,685.			
	<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		7,828.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real 3,930.				
b		Less: rental expenses	0.				
c		Rental income or (loss)	3,930.				
d		Net rental income or (loss)		3,930.		3,930.	
7 a		Gross amount from sales of assets other than inventory	(i) Securities 445000.				
b		Less: cost or other basis and sales expenses	445000.	7,948.			
c		Gain or (loss)	0.	<7,948.>		<7,948.>	
d		Net gain or (loss)		<7,948.>		<7,948.>	
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b		Less: direct expenses	b				
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
11 a	CONTRACTED SERVICES	900099	10,673.			10,673.	
b	MISCELLANEOUS INCOME	900099	5,578.			5,578.	
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d		16,251.				
12	<b>Total revenue.</b> See instructions		47,135,352.	486,685.	0.	20,061.	

**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)

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,096,970.	1,096,970.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	438,177.	315,584.	81,706.	40,887.
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	3,280,584.	2,361,111.	612,795.	306,678.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	229,724.	170,252.	39,670.	19,802.
9	Other employee benefits	402,088.	296,776.	70,237.	35,075.
10	Payroll taxes	287,895.	212,491.	50,291.	25,113.
11	Fees for services (non-employees):				
a	Management	45,649.	4,829.	40,820.	
b	Legal	11,525.		11,490.	35.
c	Accounting	30,408.		30,408.	
d	Lobbying	233,657.	233,657.		
e	Professional fundraising services. See Part IV, line 17	132,547.			132,547.
f	Investment management fees				
g	Other	579,869.	470,460.	70,513.	38,896.
12	Advertising and promotion	88,951.	88,951.		
13	Office expenses	1,123,576.	364,743.	136,457.	622,376.
14	Information technology	87,307.	69,319.	14,450.	3,538.
15	Royalties				
16	Occupancy	550,509.	380,312.	115,390.	54,807.
17	Travel	274,056.	201,046.	63,524.	9,486.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	676,776.	650,788.	14,673.	11,315.
20	Interest	147,006.	66,464.	55,551.	24,991.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,989.	18,942.	16,549.	2,498.
23	Insurance	56,674.	4,735.	51,939.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	BOOKS, MEMBERSHIPS & SUB	45,194.	38,454.	1,773.	4,967.
b	RELOCATION EXPENSE	15,961.	7,958.	6,953.	1,050.
c	BOARD EXPENSES	10,554.		10,554.	
d					
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	9,883,646.	7,053,842.	1,495,743.	1,334,061.
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	462,406.	90,844.	0.	371,562.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	859,645.	1	265,842.
	2 Savings and temporary cash investments	5,276,481.	2	3,251,141.
	3 Pledges and grants receivable, net	2,003,998.	3	39,425,255.
	4 Accounts receivable, net	37,895.	4	125,569.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	125,603.	9	68,282.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 5,834,790.		
	b Less: accumulated depreciation	10b 331,084.	10c	5,503,706.
	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	81,264.	15	90,048.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	8,505,137.	16	48,729,843.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	933,352.	17	824,207.
	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	3,082,145.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	933,352.	26	3,906,352.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	4,578,392.	27	6,033,363.
	28 Temporarily restricted net assets	2,993,393.	28	38,790,128.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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	7,571,785.	33	44,823,491.
	34 <b>Total liabilities and net assets/fund balances</b>	8,505,137.	34	48,729,843.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	47,135,352.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,883,646.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	37,251,706.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,571,785.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	0.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	44,823,491.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☒**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain 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 separate basis, consolidated 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 (2011)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2011

**Open to Public Inspection**

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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, 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)		

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12,253,557.	9,689,876.	8,402,823.	9,039,672.	46,628,606.	86,014,534.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	12,253,557.	9,689,876.	8,402,823.	9,039,672.	46,628,606.	86,014,534.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						58,401,917.
<b>6 Public support.</b> Subtract line 5 from line 4						27,612,617.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	12,253,557.	9,689,876.	8,402,823.	9,039,672.	46,628,606.	86,014,534.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	74,170.	57,310.	29,654.	16,995.	11,758.	189,887.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,102.	22,837.	5,292.	446,117.	16,251.	492,599.
<b>11 Total support.</b> Add lines 7 through 10						86,697,020.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	2,030,425.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	31.85	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	49.45	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and 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>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2011

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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. Also complete this part for any additional information. (See instructions)

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

OTHER INCOME FOR ALL YEARS INCLUDES REVENUE RECEIVED FOR CONTRACTED  
SERVICE PERFORMED BY DPA AND VARIOUS MISCELLANEOUS INCOMES. DURING 2011,  
CONTRACTED SERVICES TOTALED \$10,673 AND MISCELLANEOUS INCOME TOTALED  
\$5,578.

**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

**2011**

**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 V, line 46 (Political Campaign Activities), then**

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

**If the organization answered "Yes" 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), or Form 990-EZ, Part V, line 35c (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 the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

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

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

Schedule C (Form 990 or 990-EZ) 2011

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)		11,406.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		275,359.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		286,765.													
<b>d</b> Other exempt purpose expenditures		8,262,820.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		8,549,585.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns		577,479.													
<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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		144,370.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2 a</b> Lobbying nontaxable amount	545,445.	508,157.	541,707.	577,479.	2,172,788.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,259,182.
<b>c</b> Total lobbying expenditures	544,518.	419,304.	273,989.	286,765.	1,524,576.
<b>d</b> Grassroots nontaxable amount	136,361.	127,039.	135,427.	144,370.	543,197.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					814,796.
<b>f</b> Grassroots lobbying expenditures	18,478.	14,551.	7,485.	11,406.	51,920.

Schedule C (Form 990 or 990-EZ) 2011

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

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

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

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

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

**Part IV** Supplemental Information

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

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**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

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

OMB No 1545-0047

**2011****Open to Public Inspection**

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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 education)	<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, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) 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 exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the 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:

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

	Amount
1c	
1d	
1e	
1f	

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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Temporarily restricted endowment ► \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (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 Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,340,092.		4,340,092.
c Leasehold improvements		848,210.	4,548.	843,662.
d Equipment		596,578.	326,536.	270,042.
e Other		49,910.		49,910.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,503,706.

Schedule D (Form 990) 2011

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**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	47,135,352.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,883,646.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	37,251,706.
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	37,251,706.

**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	47,135,352.
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	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	47,135,352.
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	47,135,352.

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

1	Total expenses and losses per audited financial statements	1	9,883,646.
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	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	9,883,646.
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	9,883,646.

**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, LINE 2: 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 2008.**



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

2011

### 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
A.B. DATA - P.O. BOX 170062, MILWAUKEE, WI 53217-8000	PROFESSIONAL FUNDRAISER		X	1,070,082.	584,584.	1,070,082.
MF PRODUCTIONS - 425 W. 13TH STREET, NEW YORK, NY 10014	FUNDRAISING EVENT PRODUCTION AND SILENT		X	0.	15,000.	<15,000.>
<b>Total</b>				1,070,082.	599,584.	1,055,082.

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

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

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

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

**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? ☐ Yes ☐ No

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

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

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

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

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

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

(I) NAME OF FUNDRAISER: A.B. DATA

(I) ADDRESS OF FUNDRAISER: P.O. BOX 170062, MILWAUKEE, WI 53217-8000

(I) NAME OF FUNDRAISER: MF PRODUCTIONS

(I) ADDRESS OF FUNDRAISER: 425 W. 13TH STREET, NEW YORK, NY 10014

(II) ACTIVITY: FUNDRAISING EVENT PRODUCTION AND SILENT AUCTION

**Part IV** Supplemental Information (continued)

SCHEDULE G, PART I, LINE 2B, COLUMN (V): 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. THE ORGANIZATION DISTINGUISHES BETWEEN PAYMENT FOR CONSULTING FEES AND EXPENSE REIMBURSEMENT WITH A.B. DATA BASED ON SPECIFIC CONTRACT ARRANGEMENTS AND ITEMIZED INVOICING. IN ADDITION TO THE \$127,232.54 OF CONSULTANT FEES PAID, A.B. DATA ALSO RECEIVED ADDITIONAL AMOUNTS OF \$457,351.57 AS REIMBURSEMENT FOR EXPENSES INCURRED.

MF PRODUCTIONS WAS RETAINED BY DRUG POLICY ALLIANCE AS THEIR ART AUCTION CONSULTANT AND TO ASSIST WITH FUNDRAISING PRODUCTIONS. DRUG POLICY ALLIANCE AGREED TO RETAIN MF PRODUCTIONS IN CONNECTION WITH THE EVENT FOR A RETAINER FEE TOTALING \$15,000.

**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2011**

**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. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

**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. Part II can be duplicated 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 2527 DOUBLETREE ROAD SPRING VALLEY, CA 91978	33-0883927	501(C)3	40,000.	0.	N/A	N/A	TO CONTINUE TO REDUCE THE STIGMA OF DRUG USE, AND THE HARMS OF THE DRUG WAR THROUGH THE USE OF THE
ALABAMIANS FOR COMPASSIONATE CARE (F.S. THE ORDINARY PEOPLE SOCIETY - TOPS) - 4633 PEARSON CHAPEL RD - ALEXANDER CITY, AL 35010	82-0587071	501(C)3	20,000.	0.	N/A	N/A	TO BRING ABOUT SANE DRUG POLICY REFORM IN THE STATE OF ALABAMA, AND TO GET THE MICHAEL PHILLIPS
AMERICAN CIVIL LIBERTIES UNION OF MS - PO BOX 2242 - JACKSON, MS 39225	64-0694013	501(C)3	20,000.	0.	N/A	N/A	TO BUILD ON THE SUCCESS OF THE RELEASE OF THEIR STATE-WIDE REPORT ON DRUG TASK FORCES AND
ACLU OF NORTHERN CALIFORNIA 39 DRUMM STREET SAN FRANCISCO, CA 94111	94-0279770	501(C)3	50,000.	0.	N/A	N/A	TO SUPPORT THE COLLABORATIVE EFFORT TO REFORM CALIFORNIA'S FAILED CRIMINAL JUSTICE
CALIFORNIA SOCIETY OF ADDICTION MEDICINE (CSAM) - 575 MARKET STREET, STE. 2125 - SAN FRANCISCO, CA 94105	23-7364505	501(C)3	30,000.	0.	N/A	N/A	TO SUPPORT THE DEVELOPMENT OF A DRUG POLICY REFORM RESOURCE GUIDE THAT MEMBER DOCTORS
CANGRESS (DBA LA COMMUNITY ACTION NETWORK) - 530 S. MAIN STREET - LOS ANGELES, CA 90013	02-0661629	501(C)3	20,000.	0.	N/A	N/A	TO INCREASE AWARENESS AMONG IMPACTED RESIDENTS AND A VARIETY OF OTHER STAKEHOLDERS ACROSS LA

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

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2011)

## Schedule I (Form 990) DRUG POLICY ALLIANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR NULEADERSHIP 510 GATES AVENUE 1ST FLOOR BROOKLYN, NY 11216	11-2245967	501(C)3	25,000.	0. N/A			THEY RETURN TO US, HAVING REMAINED CLOSE ALLIES, TO AIDE IN THE UP IN SMOKE CAMPAIGN WITH DPA AND TO ADVOCATE FOR
COLORADO CRIMINAL JUSTICE 1212 MARIPOSA STREET #6 DENVER, CO 80204	84-1449882	501(C)3	35,000.	0. N/A			ALTERNATIVES TO PRISON EXPANSION, RESEARCH AND DESIGN SPECIFIC
DIRECT ACTION FOR RIGHTS AND EQUALITY (DARE) - 340 LOCKWOOD STREET - RHODE ISLAND, RI 02907	05-0422763	501(C)3	15,000.	0. N/A			TO SUPPORT ITS BAN THE BOX CAMPAIGN AND ITS WORK ON MARIJUANA DECRIMINALIZATION.
DRCNET FOUNDATION INC. 1623 CONNECTICUT AVENUE WASHINGTON, DC 20009	52-2034867	501(C)3	15,000.	0. 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			TO SUPPORT THEIR MAILINGS TO LEGISLATORS AND LEADERS, AND TO SUPPLY BOOKS TO LIBRARIES AND TO MAINTAIN ITS ROLE AS THE "GO TO" ORGANIZATION FOR EDUCATORS, LEGISLATORS AND THE
DRUG POLICY FORUM OF HAWAII PO BOX 61233 HONOLULU, HI 96839	94-3263242	501(C)3	15,000.	0. N/A			TO SUPPORT THEIR RADIO PROGRAMMING ON DRUG POLICY REFORM IN MORE THAN 80 MARKETS.
DRUGTRUTH NETWORK 9539 PECAN GLEN COURT HOUSTON, TX 77040	76-0514790	501(C)3	15,000.	0. N/A			TO SUPPORT THE COLLABORATIVE EFFORT TO REFORM CALIFORNIA'S FAILED CRIMINAL JUSTICE
ELLA BAKER CENTER FOR HUMAN RIGHTS 344 40TH STREET OAKLAND, CA 94609	94-3252009	501(C)3	50,000.	0. N/A			TO SUPPORT THEIR CALL TO COMPASSION CAMPAIGN WHICH MOBILIZES FAMILIES TO ADVOCATE FOR SENSIBLE AND
FAMILIES ACT 123 E. PEDREGOSA STREET SANTA BARBARA, CA 93101	38-3767998	501(C)3	15,000.	0. N/A			

Schedule I (Form 990)

## Schedule I (Form 990) DRUG POLICY ALLIANCE

## Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 SUPPORT THEIR ADVOCACY WORK IN THE HAIGHT IN SAN FRANCISCO WITH YOUNG PEOPLE, 76% OF WHOM
INDEPENDENT MEDIA INSTITUTE / ALTERNET - 77 FEDERAL PLAZA FLOOR 2 - SAN FRANCISCO, CA 94107	52-1309876	501(C)3	25,000.	0.	N/A	N/A	TO CONTINUE THEIR BROAD AND DEEP EFFORT TO EDUCATE THE PUBLIC, AND MOTIVATE ENGAGEMENT AND
INSTITUTE FOR METROPOLITAN AFFAIRS (F.S. ROOSEVELT UNIVERSITY) - 430 S. MICHIGAN AVENUE - CHICAGO, IL 60605	36-2167854	501(C)3	30,000.	0.	N/A	N/A	TO SUPPORT THEIR ONGOING EFFORTS TO SHIFT BROADER DRUG POLICY IN THE STATE, THIS YEAR FOCUSING ON A
JUSTICE STRATEGIES 107 RIVER PARK DRIVE RARITAN, NJ 08869	94-3213100	501(C)3	12,500.	0.	N/A	N/A	*FROM A 2010 CONTRACT TO SUPPORT THEIR WORK WITH YOUNG PEOPLE WHO ARE TARGETS OF SCHOOL ZERO TOLERANCE POLICIES.
LABOR/COMMUNITY STRATEGY CENTER 3780 WILSHIER BLVD. STE 1200 LOS ANGELES, CA 90010	95-4201669	501(C)3	15,000.	0.	N/A	N/A	TO REVAMP AND EXPAND THEIR COMMUNITY OUTREACH EFFORT AND THE TWELFTH ANNUAL MLK LUNCHEON THAT
MOTHERS AGAINST TEEN VIOLENCE (MATV) - 2904 FLOYD STREET, SUITE F - DALLAS, TX 75204	75-2539186	501(C)3	25,000.	0.	N/A	N/A	TO FURTHER POLICY CHANGES THAT ADDRESS ACCESS TO TREATMENT AND HARM REDUCTION FOR PREGNANT
NEW MEXICO WOMEN'S JUSTICE PROJECT P.O. BOX 25501 ALBUQUERQUE, NM 87125-5501	81-0548043	501(C)3	15,000.	0.	N/A	N/A	THEY APPROACH US HERE AND WILL BE FUNDED TO SUPPORT THEIR ADVOCACY EFFORTS AROUND THE STATES
NORTH CAROLINA HARM REDUCTION COALITION - P.O. BOX 1376 - DURHAM, NC 27709	20-3452075	501(C)3	15,000.	0.	N/A	N/A	TO WORK WITH DPA TO IMPLEMENT THE
NY ACADEMY OF MEDICINE 1216 FIFTH AVENUE NEW YORK, NY 10029	13-1656674	501(C)3	40,000.	0.	N/A	N/A	RECOMMENDATIONS IN OUR FORTHCOMING BLUEPRINT FOR

Schedule I (Form 990)

## Schedule I (Form 990) DRUG POLICY ALLIANCE

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 SUPPORT THE HEAL (HEALTH EDUCATION FOR ADDICTION LEGISLATION) OREGON PROJECT THAT
PROJECT LAZARUS (NORTHWEST COMMUNITY CARE NETWORK) PO BOX 15046 - WINSTON-SALEM, NC 27113-0046	27-0602284	501(C)3	15,000.	0.	N/A	N/A	FOR CONTINUED SUPPORT IN MANAGING A COMMUNITY-BASED EDUCATIONAL AND
PROJECT SOUTH 9 GAMMON AVE ATLANTA, GA 30315	58-1956686	501(C)3	20,000.	0.	N/A	N/A	SPECIFICALLY, THEY WILL WORK WITH 7 PARTNER ORGANIZATIONS INCLUDING TOPS, ALABAMIANS FOR
SAN FRANCISCO DRUG USERS' UNION (F.S. HARM REDUCTION THERAPY CENTER) - 1015 MARTIN LUTHER KING JR. WAY - OAKLAND, CA	94-3363781	501(C)3	40,000.	0.	N/A	N/A	TO SUPPORT THEIR ON-GOING DEVELOPMENT AND OPERATION OF THEIR DEMOCRATIC MEMBERSHIP ORGANIZATION
THE ORDINARY PEOPLE SOCIETY (TOPS) 403 WEST POWELL STREET DOTHAN, AL 36303	82-0587071	501(C)3	30,000.	0.	N/A	N/A	TO CONTINUE ITS EFFORT TO CHANGE THE CLIMATE IN ALABAMA BY REDUCING THE SCOPE AND ROLE OF THE
UPFRONT PROGRAMS 2329 CAMINITO RECODO SAN DIEGO, CA 92107	39-6647700	501(C)3	16,000.	0.	N/A	N/A	TO SUPPORT THE EXPANSION OF UPFRONT MODEL INTO THE JUVENILE JUSTICE SYSTEM, PARTICULARLY IN NEW YORK
VOCAL (F.S. NYC AIDS HOUSING NETWORK -NYCAHN) - 80-A FOURTH AVENUE - BROOKLYN, NY 11217	13-4094385	501(C)3	40,000.	0.	N/A	N/A	TO WORK WITH LOCAL AND STATE OFFICIALS IN NYC AND ALBANY TO IMPLEMENT RECOMMENDATIONS FROM THE
WOMEN ON THE RISE TELLING HERSTORY (F.S THE OSBORNE ASSOCIATION) - 1430 FREEPORT LOOP, SUITE 11A - BROOKLYN, NY 11239	13-5563028	501(C)3	15,000.	0.	N/A	N/A	TO CONTINUE TO EDUCATE, ADVOCATE AND ORGANIZE THE PUBLIC AND TO RAISE AWARENESS FOR THE NEED OF
WOMEN WITH A VISION 215 N. JEFF DAVIS PARKWAY NEW ORLEANS, LA 70119	72-1202185	501(C)3	15,000.	0.	N/A	N/A	THEY APPROACHED US FOR FUNDING TO SUPPORT THE PLANNING AND IMPLEMENTATION OF THE

Schedule I (Form 990)



## Schedule I (Form 990) DRUG POLICY ALLIANCE

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH JUSTICE COALITION 1137 EAST REDONDO BLVD. INGLEWOOD, CA 90302	83-0466818	501(C)3	15,000.	0. N/A		N/A	TO SUPPORT DIRECT ACTION ORGANIZING, POLICY DEVELOPMENT, LEADERSHIP TRAINING AND CONTINUED
A BETTER WAY FOUNDATION PO BOX 942 HARTFORD, CT 06101	06-1576383	501(C)3	25,000.	0. N/A		N/A	IN SUPPORT OF THEIR WORK ON CONNECTICUT'S MEDICAL MARIJUANA BILL.
A NEW WAY OF LIFE REENTRY PROJECT PO BOX 875288 LOS ANGELES, CA 90087	95-4782503	501(C)3	14,600.	0. N/A		N/A	TO PLAN AND IMPLEMENT A PEACE AND JUSTICE SUMMIT IN LONG BEACH, CA.
AMERICAN ASSOCIATION OF POLITICAL 8400 WESTPARK DRIVE, 2ND FLOOR MCLEAN, VA 22102	52-1679637	501(C)3	9,000.	0. N/A		N/A	MARCH 2012. FOR A PANEL ON DRUG POLICY REFORM AT THEIR CONFERENCE.
ATLANTA HARM REDUCTION COALITION PO BOX 92670 ATLANTA, GA 30314	58-2227958	501(C)3	15,000.	0. N/A		N/A	IN SUPPORT OF THEIR SECOND ANNUAL SOUTHERN REGIONAL CONFERENCE.
BROKEN NO MORE 42-335 WASHINGTON STREET SUITE F #1 PALM DESERT, CA 92211	01-0974081	501(C)3	12,500.	0. N/A		N/A	NOV/DEC 2011. TO SUPPORT AN INAUGURAL RETREAT FOR MEMBERS OF ITS GRIEF SUPPORT GROUP PROJECT
CALIFORNIA HEPATITIS ALLIANCE (CALHEP)/ PROJECT INFORM - 1375 MISSION - SAN DIEGO, CA 94103	94-3052723	501(C)3	15,000.	0. N/A		N/A	JAN/FEB 2012. FOR IMPLEMENTATION OF SYRINGE ACCESS LAW.
COLORADO CRIMINAL JUSTICE REFORM COALITION (CCJRC) - PO BOX 18942 - DENVER, CO 80218-0768	33-1099047	501(C)4	25,000.	0. N/A		N/A	TO PROVIDE SHORT-TERM, INITIAL SUPPORT FOR THE HIRING OF AN EXECUTIVE DIRECTOR WHO WILL ASSUME TO DEVELOP A MEDIA AND OUTREACH CAMPAIGN TO SUPPORT LEGISLATION THAT WOULD REDUCE THE CRIME
DONAHUE & GOLDBERG, LLP 1212 MARIPOSA STREET #6 DENVER, CO 80204	84-1449882	501(C)3	12,000.	0. N/A		N/A	

Schedule I (Form 990)

## Schedule I (Form 990) DRUG POLICY ALLIANCE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DONAHUE & GOLDBERG, LLP 99 HUDSON STREET, 8TH FLOOR NEW YORK, NY 10013	08-7560292	501(C)3	15,000.	0. N/A			*CONTRACT JAN/FEB 2012. SUPPORT FOR HIS WORK ON FLORIDA'S TANF LAWS.
FLEX YOUR RIGHTS PO BOX 21497 WASHINGTON, DC 20009	32-0022088	501(C)3	6,230.	0. N/A			TO SUPPORT PRODUCTION OF 10 RULES FOR DEALING WITH POLICE, A 40 MINUTE FILM THAT SPEAKS SPECIFICALLY
GLOBAL EXCHANGE	94-3066586		0.	0.			
GLOBAL EXCHANGE 2017 MISSION STREET SAN FRANCISCO, CA 94110	94-3066586	501(C)3	15,000.	0. N/A			APRIL 2012. IN SUPPORT OF THE JAVIER SCILIA CARAVAN.
HARM REDUCTION COALITION 22 W 27TH STREET, 5TH FLOOR NEW YORK, NY 10001	94-3204958	501(C)3	9,000.	0. N/A			TO SUPPORT NEW YORK STATE PEER DELIVERED SYRINGE EXCHANGE (PDSE).
JUSTICE STRATEGIES 107 RIVER PARK DRIVE RARITAN, NJ 08869	94-3213100	501(C)3	12,500.	0. N/A			*FROM A 2010 CONTRACT
MISSOURI ASSOCIATION FOR SOCIAL WELFARE	44-0547548		0.	0.			
MOTHERS AGAINST TEEN VIOLENCE (MATV) - 2904 FLOYD STREET, SUITE F - DALLAS, TX 75204	75-2539186	501(C)3	5,807.	0. N/A			JAN/FEB 2012. *CONTRACT. NOV/DEC 2011. PRODUCING INTERVIEWS OF DIVERSE GOOD SAM ADVOCATES AND CREATING AN
NEW AMERICA MEDIA (PACIFIC NEWS SERVICE) - 275 NINTH STREET - SAN FRANCISCO, CA 94103	94-1709509	501(C)3	12,738.	0. N/A			

Schedule I (Form 990)

## Schedule I (Form 990) DRUG POLICY ALLIANCE

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA HARM REDUCTION COALITION - P.O. BOX 1376 DURHAM, NC 27709	20-3452075	501(C)3	9,500.	0.	N/A		IN SUPPORT OF THEIR LEFT-RIGHT LAW ENFORCEMENT AND THE DRUG WAR CONFERENCE.
PARTNERSHIP FOR SAFETY AND JUSTICE 825 NE 20TH AVE, SUITE 250 PORTLAND, OR 97232	93-1277774	501(C)3	5,000.	0.	N/A		IN SUPPORT OF POLLING ON DRUG POLICY REFORM.
PURPOSE 224 CENTRE STREET. FL # 6 BROOKLYN, NY 10013	22-2946139	501(C)3	25,000.	0.	N/A		TO DEVELOP ONLINE ORGANIZING TOOLS AND A BRAND STRATEGY IN THE INTEREST OF ORGANIZING TO SUPPORT TWO FORUMS (FALL 2011 AND SPRING 2012) THAT WILL BRING TOGETHER INDIVIDUALS
RIO GRANDE FOUNDATION PO BOX 40336 ALBUQUERQUE, NM 87196	85-0468446	501(C)3	10,600.	0.	N/A		
SAMUEL DEWITT PROCTOR CONFERENCE 4533 S. LAKE PARK CHICAGO, IL 60653	06-1707903	501(C)3	10,000.	0.	N/A		*CONTRACT. IN SUPPORT OF A DRUG POLICY CONFERENCE.
SAN DIEGO CANNABIS POLICY REFORM 4755 LONG BEACH AVENUE SAN DIEGO, CA 92107	33-0883927	501(C)3	15,000.	0.	N/A		STRATEGIC OUTREACH TO TARGET COMMUNITIES TO GENERATE RESOLUTIONS OF SUPPORT FOR SAFE ACCESS INTERNATIONAL STUDENTS
STUDENTS FOR SENSIBLE DRUG POLICY 1317 F STREET, NW SUITE 501 WASHINGTON, DC 20004	52-2296291	501(C)3	10,000.	0.	N/A		FOR SENSIBLE DRUG POLICY CONFERENCE - DENVER, COLORADO

Schedule I (Form 990)

**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.  
Part III can be duplicated if additional space is needed.

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

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

SCHEDULE I, PART I, LINE 2: THE DRUG POLICY ALLIANCE'S ADVOCACY GRANTS

PROGRAM IS DIVIDED INTO TWO DISTINCT FUNDING POOLS, THE ANNUAL PROMOTING POLICY CHANGE PROGRAM (PPC), WHICH GRANTS ROUGHLY \$750,000 OVER THE COURSE OF THE FISCAL YEAR; AND THE MONTHLY SPECIAL OPPORTUNITIES (SPOPP) PROGRAM, WHICH HAS THE CAPACITY TO GRANT \$420,000 OVER THE SAME PERIOD. THE GRANTS PROGRAM IS PROMOTED THROUGH DPA'S WEB SITE, OTHER DRUG POLICY WEBSITES, CONFERENCES, AND WEBINARS AND BY DPA STAFF IN ALL STATES WHERE DPA HAS A PRESENCE. GRANTS ARE OVERWHELMINGLY MADE TO ORGANIZATIONS THAT HAVE ACHIEVED 501(C)(3) STATUS AND THAT ORGANIZE AND CONDUCT PUBLIC EDUCATION

**Part IV** Supplemental Information

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: A NEW PATH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE TO REDUCE THE STIGMA OF DRUG USE, AND THE HARMS OF THE DRUG WAR THROUGH THE USE OF THE MOMS CAMPAIGN.

NAME OF ORGANIZATION OR GOVERNMENT:

ALABAMIANS FOR COMPASSIONATE CARE (F.S. THE ORDINARY PEOPLE SOCIETY - TOPS)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BRING ABOUT SANE DRUG POLICY REFORM IN THE STATE OF ALABAMA, AND TO GET THE MICHAEL PHILLIPS

**Part IV** Supplemental Information

COMPASSIONATE CARE ACT PASSED.

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN CIVIL LIBERTIES UNION OF MS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD ON THE SUCCESS OF THE RELEASE OF THEIR STATE-WIDE REPORT ON DRUG TASK FORCES AND CONFIDENTIAL INFORMANTS BY PUSHING FOR DIVERSION OF FEDERAL FUNDS FROM TASK FORCES TO TREATMENT; REFORMING THE MANDATORY MINIMUM DRUG LAW SENTENCES; AND WORK TO REDUCE MARIJUANA ARRESTS AND LAWS IN JACKSON AND IN GULF COAST COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: ACLU OF NORTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE COLLABORATIVE EFFORT TO REFORM CALIFORNIA'S FAILED CRIMINAL JUSTICE SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA SOCIETY OF ADDICTION MEDICINE (CSAM)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DEVELOPMENT OF A DRUG POLICY REFORM RESOURCE GUIDE THAT MEMBER DOCTORS AND OTHER MEMBER MEDICAL PROFESSIONALS CAN PRESENT ON AND SHARE WITH LEGISLATORS AND OTHERS WHO INFLUENCE POLICY.

NAME OF ORGANIZATION OR GOVERNMENT:

CANGRESS (DBA LA COMMUNITY ACTION NETWORK)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE AWARENESS AMONG IMPACTED RESIDENTS AND A VARIETY OF OTHER STAKEHOLDERS ACROSS LA COUNTY ABOUT PUNITIVE DRUG POLICIES, ESPECIALLY "SAFER CITIES POLICING", PARTICULARLY THEIR DISPROPORTIONATE IMPACT ON AFRICAN AMERICANS.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR NULEADERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: THEY RETURN TO US, HAVING REMAINED CLOSE ALLIES, TO AIDE IN THE UP IN SMOKE CAMPAIGN WITH DPA AND VOCAL, FOCUSING ON DEVELOPING BLACK AND LATINO LEADERSHIP IN GOVERNMENT WHO WILL SUPPORT A STRONG DRUG POLICY REFORM PLATFORM. THEY WILL ALSO WORK WITH UPFRONT IN THE DISTRIBUTION OF A DRUG EDUCATION TOOLKIT FOR YOUTH, PARENTS, AND EDUCATORS.

NAME OF ORGANIZATION OR GOVERNMENT: COLORADO CRIMINAL JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVOCATE FOR ALTERNATIVES TO PRISON EXPANSION, RESEARCH AND DESIGN SPECIFIC STATE-LEVEL POLICY REFORMS WITH AN EMPHASIS ON DRUG POLICY AND PAROLE/REENTRY, BUILD, SUPPORT AND MOBILIZE A STATEWIDE COALITION AND SERVE AS A RESOURCE FOR PRISONERS, PAROLEES AND THEIR FAMILIES. MUCH OF THEIR FOCUS THIS YEAR WILL BE ON THE TAX AND REGULATE BALLOT INITIATIVE.

NAME OF ORGANIZATION OR GOVERNMENT: DRUG POLICY EDUCATION GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR MAILINGS TO LEGISLATORS AND LEADERS, AND TO SUPPLY BOOKS TO LIBRARIES AND EDUCATION PROJECTS.

NAME OF ORGANIZATION OR GOVERNMENT: DRUG POLICY FORUM OF HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MAINTAIN ITS ROLE AS THE "GO TO" ORGANIZATION FOR EDUCATORS, LEGISLATORS AND THE GENERAL PUBLIC IN HAWAII ON THE RANGE OF DRUG POLICY ISSUES.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ELLA BAKER CENTER FOR HUMAN RIGHTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE COLLABORATIVE EFFORT TO REFORM CALIFORNIA'S FAILED CRIMINAL JUSTICE SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILIES ACT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR CALL TO COMPASSION CAMPAIGN WHICH MOBILIZES FAMILIES TO ADVOCATE FOR SENSIBLE AND SMART DRUG POLICIES.

NAME OF ORGANIZATION OR GOVERNMENT:

HOMELESS YOUTH ALLIANCE (F.S TIDES CENTER)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR ADVOCACY WORK IN THE HAIGHT IN SAN FRANCISCO WITH YOUNG PEOPLE, 76% OF WHOM SELF-MEDICATE AND WHO ARE TARGETS OF THE SIT/LIE LAW.

NAME OF ORGANIZATION OR GOVERNMENT:

INDEPENDENT MEDIA INSTITUTE / ALTERNET

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE THEIR BROAD AND DEEP EFFORT TO EDUCATE THE PUBLIC, AND MOTIVATE ENGAGEMENT AND ACTIVISM REGARDING DRUG POLICY REFORM.

NAME OF ORGANIZATION OR GOVERNMENT:

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR ONGOING EFFORTS TO SHIFT BROADER DRUG POLICY IN THE STATE, THIS YEAR FOCUSING ON A GOOD SAMARITAN LAW.

NAME OF ORGANIZATION OR GOVERNMENT: MOTHERS AGAINST TEEN VIOLENCE (MATV)



**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REVAMP AND EXPAND THEIR COMMUNITY OUTREACH EFFORT AND THE TWELFTH ANNUAL MLK LUNCHEON THAT FOCUSES ON EDUCATING THE PUBLIC AND LAWMAKERS ABOUT BROADER DRUG POLICY REFORM.

NAME OF ORGANIZATION OR GOVERNMENT:

NEW MEXICO WOMEN'S JUSTICE PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FURTHER POLICY CHANGES THAT ADDRESS ACCESS TO TREATMENT AND HARM REDUCTION FOR PREGNANT ADDICTED WOMEN, AND BROADEN SUPPORT FOR DPA'S GOAL OF DECRIMINALIZING DRUG USE.

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH CAROLINA HARM REDUCTION COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: THEY APPROACH US HERE AND WILL BE FUNDED TO SUPPORT THEIR ADVOCACY EFFORTS AROUND THE STATES PARAPHERNALIA LAW. REFORMED, IT WILL DECRIMINALIZE SYRINGES AND ALLOW SEPS TO LEGALLY OPERATE AND PROTECT THEIR MEMBERS FROM ARREST. THEIR WORK IS VITAL; LACK OF RESOURCES FOR IDUS HAS LED TO CATASTROPHIC HIV AND HEPATITIS INCIDENCE IN THE STATE AND WE LOOK FORWARD TO A STRONG, EFFECTIVE COLLABORATION WITH NCHRC.

NAME OF ORGANIZATION OR GOVERNMENT: NY ACADEMY OF MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO WORK WITH DPA TO IMPLEMENT THE RECOMMENDATIONS IN OUR FORTHCOMING BLUEPRINT FOR A PUBLIC HEALTH SAFETY 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 THE HEAL (HEALTH EDUCATION FOR ADDICTION LEGISLATION) OREGON PROJECT THAT BUILDS SUPPORT

**Part IV** Supplemental Information

FOR PROGRESSIVE DRUG POLICY REFORM AS IT RELATES TO THE CRIMINALIZATION  
OF ADDICTION.

NAME OF ORGANIZATION OR GOVERNMENT:

PROJECT LAZARUS (NORTHWEST COMMUNITY CARE NETWORK)

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR CONTINUED SUPPORT IN MANAGING A  
COMMUNITY-BASED EDUCATIONAL AND INTERVENTIONAL PROGRAM THAT INTENDS TO  
REDUCE DEATHS AMONG PATIENTS WHO ARE AT INCREASED RISK OF DEATH FROM  
UNINTENTIONAL OVERDOSE.

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT SOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: SPECIFICALLY, THEY WILL WORK WITH 7  
PARTNER ORGANIZATIONS INCLUDING TOPS, ALABAMIANS FOR COMPASSIONATE CARE  
AND ACLU-MS TO DEVELOP MATERIALS AND MESSAGING TO THE GENERAL PUBLIC ON  
THE NEGATIVE CONSEQUENCES OF THE DRUG WAR. THEIR OUTCOMES INCLUDE  
LEADERSHIP DEVELOPMENT OF 18-20 ORGANIZERS FROM AFFECTED COMMUNITIES; AND  
5-7 PEOPLES ASSEMBLIES.

NAME OF ORGANIZATION OR GOVERNMENT:

SAN FRANCISCO DRUG USERS' UNION (F.S. HARM REDUCTION THERAPY CENTER)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR ON-GOING  
DEVELOPMENT AND OPERATION OF THEIR DEMOCRATIC MEMBERSHIP ORGANIZATION  
WHICH IS MADE UP OF MOSTLY LOW-INCOME DRUG USERS WHO ARE ADVOCATES FOR  
REFORM.

NAME OF ORGANIZATION OR GOVERNMENT:

THE ORDINARY PEOPLE SOCIETY (TOPS)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE ITS EFFORT TO CHANGE THE

**Part IV** Supplemental Information

CLIMATE IN ALABAMA BY REDUCING THE SCOPE AND ROLE OF THE CRIMINAL JUSTICE SYSTEM IN ALABAMA'S DRUG POLICIES BY FOCUSING ON MARIJUANA ARRESTS.

NAME OF ORGANIZATION OR GOVERNMENT: UPFRONT PROGRAMS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EXPANSION OF UPFRONT MODEL INTO THE JUVENILE JUSTICE SYSTEM, PARTICULARLY IN NEW YORK STATE.

\*TOTAL AWARDED WAS \$20,000 BUT ONLY \$16,000 WAS GIVEN OUT IN FY 2012.

NAME OF ORGANIZATION OR GOVERNMENT:

VOCAL (F.S. NYC AIDS HOUSING NETWORK -NYCAHN)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO WORK WITH LOCAL AND STATE OFFICIALS IN NYC AND ALBANY TO IMPLEMENT RECOMMENDATIONS FROM THE UPCOMING FOUR PILLARS REPORT BY DPA AND NYAM.

NAME OF ORGANIZATION OR GOVERNMENT:

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE TO EDUCATE, ADVOCATE AND ORGANIZE THE PUBLIC AND TO RAISE AWARENESS FOR THE NEED OF A HEALTH BASED APPROACH TO DRUG POLICY AND DEVELOP MESSAGES AND POLICY STRATEGIES FOR FORMERLY AND CURRENTLY INCARCERATED WOMEN.

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN WITH A VISION

(H) PURPOSE OF GRANT OR ASSISTANCE: THEY APPROACHED US FOR FUNDING TO SUPPORT THE PLANNING AND IMPLEMENTATION OF THE LOUISIANA WOMENS ADVOCACY ALLIANCE, WHOSE FOCUS HAS BEEN COLLABORATION WITH DPA AND OTHER GROUPS ON THE TARGETED DRUG TESTING OF WELFARE AND UNEMPLOYMENT RECIPIENTS.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH JUSTICE COALITION

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT DIRECT ACTION ORGANIZING, POLICY DEVELOPMENT, LEADERSHIP TRAINING AND CONTINUED DEVELOPMENT OF CAMPAIGN COMMUNICATIONS INCLUDING COMPLETION OF A NEW WEBSITE, PUBLISHING OF A TOOL KIT AND CREATION OF A POLICY REPORT.

NAME OF ORGANIZATION OR GOVERNMENT:

BROKEN NO MORE

(H) PURPOSE OF GRANT OR ASSISTANCE: NOV/DEC 2011. TO SUPPORT AN INAUGURAL RETREAT FOR MEMBERS OF ITS GRIEF SUPPORT GROUP PROJECT GRASP (GRIEF RECOVERY AFTER A SUBSTANCE PASSING).

NAME OF ORGANIZATION OR GOVERNMENT:

COLORADO CRIMINAL JUSTICE REFORM COALITION (CCJRC)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SHORT-TERM, INTITAL SUPPORT FOR THE HIRING OF AN EXECUTIVE DIRECTOR WHO WILL ASSUME OVERALL RESPONSIBILITY FOR THE DAY-TO-DAY OPERATIONS OF THE 2012 COLORADO LEGALIZATION CAMPAIGN--THE CAMPAIGN TO REGULATE MARIJUANA LIKE ALCOHOL

NAME OF ORGANIZATION OR GOVERNMENT: DONAHUE & GOLDBERG, LLP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVEOP A MEDIA AND OUTREACH CAMPAIGN TO SUPPORT LEGISLATION THAT WOULD REDUCE THE CRIME CLASSIFICATION FOR SIMPLE POSSESSION (LESS THAN 4G OF SCHEDULE I/II) FROM A FELONY TO A MISDEMEANOR AND REINVEST SAVINGS FROM THE DEPARTMENT OF CORRECTIONS TO SUBSTANCE ABUSE TREATMENT AND RECOVERY SUPPORT SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: FLEX YOUR RIGHTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PRODUCTION OF 10 RULES FOR DEALING WITH POLICE, A 40 MINUTE FILM THAT SPEAKS SPECIFICALLY TO

**Part IV** Supplemental Information

PEOPLE FROM COMMUNITIES OF COLOR WHO ARE TARGETED BY LAW ENFORCEMENT FOR  
DRUG ARRESTS.

TO FURTHER DEVELOP ITS NEW BOTTOM LINE CAMPAIGN.

NAME OF ORGANIZATION OR GOVERNMENT:

NEW AMERICA MEDIA (PACIFIC NEWS SERVICE)

(H) PURPOSE OF GRANT OR ASSISTANCE: \*CONTRACT. NOV/DEC 2011. PRODUCING  
INTERVIEWS OF DIVERSE GOOD SAM ADVOCATES AND CREATING AN ONLINE VIDEO  
WALL TO SHOWCASE THEM.

NAME OF ORGANIZATION OR GOVERNMENT: PURPOSE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO DEVELOP ONLINE ORGANIZING TOOLS  
AND A BRAND STRATEGY IN THE INTEREST OF ORGANIZING MAINSTREAM  
CONSTITUENTS AROUND REFORMING THE WAR ON DRUGS.

NAME OF ORGANIZATION OR GOVERNMENT: RIO GRANDE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TWO FORUMS (FALL 2011 AND  
SPRING 2012) THAT WILL BRING TOGETHER INDIVIDUALS ACROSS THE POLITICAL  
SPECTRUM TO ADVOCATE FOR ALTERNATIVES TO INCARCERATION POLICIES.

NAME OF ORGANIZATION OR GOVERNMENT: SAN DIEGO CANNABIS POLICY REFORM

(H) PURPOSE OF GRANT OR ASSISTANCE: STRATEGIC OUTREACH TO TARGET  
COMMUNITIES TO GENERATE RESOLUTIONS OF SUPPORT FOR SAFE ACCESS TO MEDICAL  
MARIJUANA DURING THE PROCESS OF ZONING FORMATION.

**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

**2011**

Open to Public Inspection

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number  
52-1516692

**Part I Questions Regarding Compensation**

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

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

**b** If 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input 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 Regulations 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		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ETHAN NADELMANN	(i)	245,298.	0.	0.	23,800.	9,947.	279,045.
	(ii)	0.	0.	0.	0.	0.	0.
	(iii)	136,459.	0.	0.	13,905.	5,895.	156,259.
2 DEDE DUNEVANT	(i)	0.	0.	0.	0.	0.	0.
	(ii)						
	(iii)						
3	(i)						
	(ii)						
	(iii)						
4	(i)						
	(ii)						
	(iii)						
5	(i)						
	(ii)						
	(iii)						
6	(i)						
	(ii)						
	(iii)						
7	(i)						
	(ii)						
	(iii)						
8	(i)						
	(ii)						
	(iii)						
9	(i)						
	(ii)						
	(iii)						
10	(i)						
	(ii)						
	(iii)						
11	(i)						
	(ii)						
	(iii)						
12	(i)						
	(ii)						
	(iii)						
13	(i)						
	(ii)						
	(iii)						
14	(i)						
	(ii)						
	(iii)						
15	(i)						
	(ii)						
	(iii)						
16	(i)						
	(ii)						
	(iii)						

**Part III** Supplemental Information

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

PART I, LINE 4B: DRUG POLICY ALLIANCE PROVIDES RETIREMENT BENEFITS

THROUGH A 403(B) DEFINED CONTRIBUTION PLAN (THE "PLAN") FOR ITS EMPLOYEES.

DRUG POLICY ALLIANCE ALSO PROVIDES A NON-QUALIFIED RETIREMENT PLAN, ( THE

EXECUTIVE 457(B) RETIREMENT PLAN OF DRUG POLICY ALLIANCE), FOR HIGHLY

COMPENSATED EMPLOYEES WHO DO NOT RECEIVE THE FULL 403(B) EMPLOYER MATCH

FROM DPA.

DURING FISCAL YEAR 2012, ETHAN NADELMANN PARTICIPATED IN A SUPPLEMENTAL

NONQUALIFIED RETIREMENT PLAN. THIS AMOUNT IS REPORTED IN COLUMN (C) OF

SCHEDULE J TOTALING \$7,302.

DEREK HODEL, THE PRIOR DEPUTY EXECUTIVE DIRECTOR, RECEIVED PAYMENT FROM A

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT OF \$3,552.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number  
52-1516692

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

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

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

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

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

PROMOTING EFFECTIVE DRUG EDUCATION FOR YOUTH.

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

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 \$ 1,814,449. INCLUDING GRANTS OF \$ 0. REVENUE \$ 476,021.

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 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

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

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 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

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number  
52-1516692

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 VII, SECTION A, COLUMN A:

BOARD SERVICE TO RELATED ORGANIZATION

THE FOLLOWING ORGANIZATION, INCLUDING THE FILING ORGANIZATION, DRUG POLICY ALLIANCE HAVE A SMILAR INDIVIDUAL, MENTIONED BELOW, SERVING ON THEIR BOARDS: DRUG POLICY ACTION:

ETHAN NADELMANN, EXECUTIVE DIRECTOR OF DRUG POLICY ALLIANCE, ALSO SERVED AS MEMBER OF DRUG POLICY ACTION. HOURS SERVED, DEVOTED TO THESE POSITIONS, WAS 32 HOURS/WEEK FOR DRUG POLICY ALLIANCE, AND 8 HOURS/WEEK FOR DRUG POLICY ACTION.

FORM 990, PART XII, LINE 2C:

OVERSIGHT OF AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

THE ORGANIZATION DOES HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR  
OVERSIGHT OF THE AUDIT. THE ORGANIZATIONS OVERSIGHT PROCESS HAS NOT  
CHANGED DURING THE TAX YEAR.





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

**f** Sale of assets to related organization(s)**g** Purchase of assets from related organization(s)**h** Exchange of assets with related organization(s)**i** Lease of facilities, equipment, or other assets to related organization(s)**j** Lease of facilities, equipment, or other assets from related organization(s)**k** Performance of services or membership or fundraising solicitations for related organization(s)**l** Performance of services or membership or fundraising solicitations by related organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**n** Sharing of paid employees with related organization(s)**o** Reimbursement paid to related organization(s) for expenses**p** Reimbursement paid by related organization(s) for expenses**q** Other transfer of cash or property to related organization(s)**r** Other transfer of cash or property from related 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)	(b)	(c)	(d)
Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved
(1) DRUG POLICY ACTION	I	69,999.5%	OF ACTUAL
(2) DRUG POLICY ACTION	K	15,990.5%	OF ACTUAL
(3) DRUG POLICY ACTION	K	56,614.15%	OF ACTUAL
(4) DRUG POLICY ACTION	P	142,604.	TOTAL OF ABOVE
(5)			
(6)			





## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# 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 ☒ **X**
- 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.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

## **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.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>DRUG POLICY ALLIANCE</b>	Employer identification number (EIN) or  <input checked="" type="checkbox"/> <b>52-1516692</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>131 W. 33RD STREET, 15TH FLOOR</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10001</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**RYAN CHAVEZ**

- The books are in the care of ► **131 W. 33RD STREET, 15TH FLOOR - NEW YORK, NY 10001**  
Telephone No. ► **(212) 613-8041** FAX No. ► **(212) 613-8021**

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **JANUARY 15, 2013**, 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, 2011**, and ending **MAY 31, 2012**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

<b>3a</b> 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.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c</b> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**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. 1-2012)

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

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

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

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions	
Type or print Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
DRUG POLICY ALLIANCE	<input checked="" type="checkbox"/> 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	Social security number (SSN)
131 W. 33RD STREET, 15TH FLOOR	<input type="checkbox"/>
City, town or post office, state, and ZIP code. For a foreign address, see instructions	
NEW YORK, NY 10001	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

RYAN CHAVEZ

- The books are in the care of ☒ 131 W. 33RD STREET, 15TH FLOOR - NEW YORK, NY 10001

Telephone No. ☒ (212) 613-8041

FAX No. ☒ (212) 613-8021

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until APRIL 15, 2013
- 5 For calendar year 2011, or other tax year beginning JUN 1, 2011, and ending MAY 31, 2012
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

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

Signature ☒ *Emanuel P. Pella* Title ☒ CPA

Date ☒ 1/15/13

Form 8868 (Rev. 1-2012)