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DLN: 93493104010454

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

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

2012

OMB No 1545-0047

Open to Public Inspection

A E-			2012	
		endar year, or tax year beginning 06-01-2012 , 2012, and ending 05-31 C Name of organization		yer identification number
	eck if applicable Tress change	DRUG POLICY ALLIANCE		•
_	me change	Doing Business As	52-15	516692
_	ne change nal return			
_		Number and street (or P O box if mail is not delivered to street address) Room/suit 131 W 33RD STREET 15TH FLOOR	e E Telepho	one number
	minated		(212)	613-8040
	ended return	City or town, state or country, and ZIP + 4 NEW YORK, NY 10001		
J App	olication pending		G Gross re	receipts \$ 9,892,638
		F Name and address of principal officer ETHAN NADELMANN	H(a) Is this a group	
		131 W 33RD STREET 15TH FLOOR	affiliates?	Γ Yes Γ No
		NEW YORK, NY 10001	H(b) Are all affiliate	s included? Tyes TNo
	x-exempt status	▼ 501(c)(3)	If "No," attach	a list (see instructions)
	<u> </u>		H(c) Group exempt	ion number ►
J W	ebsite: ► HTT	P //WWW DRUGPOLICY ORG/	(-)	
K Form	n of organization	Corporation Trust Association Other ►	L Year of formation 20	000 M State of legal domicile
Pa	rt I Sumi	nary	•	
Governance	DRUG PO STATES MILLION	scribe the organization's mission or most significant activities DLICY ALLIANCE SUPPORTED DRUG POLICY AND LEGAL REFORMS DRUG POLICY ALLIANCE'S ADVOCACY GRANTS PROGRAM ALSO TO PARTNER ORGANIZATIONS AT THE NATIONAL AND LOCAL L DRUG POLICY	PROVIDED APPROX	IMATELY \$1,100,000
<u> </u>	2 Check th	is box 🛌 if the organization discontinued its operations or disposed of	more than 25% of its	net assets
Activities &	3 Number	f voting members of the governing body (Part VI, line 1a)		3
<u> </u>		of independent voting members of the governing body (Part VI, line 1b)		4
a l		nber of individuals employed in calendar year 2012 (Part V, line 2a) .		5
		nber of volunteers (estimate if necessary)		6
		elated business revenue from Part VIII, column (C), line 12 ated business taxable income from Form 990-T, line 34		7a 7b
	D Net uniter	acca basiness taxable medite from 10th 550-1, fille 57	Prior Year	Current Year
	8 Contrib	outions and grants (Part VIII, line 1h)	46,628,6	
흹		m service revenue (Part VIII, line 2g)	486,6	
Revenue	_	ment income (Part VIII, column (A), lines 3, 4, and 7d)		120 9,10
ř	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,1	181 -4,36
		evenue—add lines 8 through 11 (must equal Part VIII, column (A), line	47,135,3	352 9,055,69
		and similar amounts paid (Part IX, column (A), lines 1-3)	1,096,9	
		s paid to or for members (Part IX, column (A), line 4)	1,050,5	0
		s, other compensation, employee benefits (Part IX, column (A), lines		
82	5-10)	-,,,,, <u>(</u> ,,,,	4,638,4	468 5,400,50
Expenses	16a Profess	sional fundraising fees (Part IX, column (A), line 11e)	132,5	547 81,50
ਡੋ		draising expenses (Part IX, column (D), line 25) 🕨 1,693,841		
		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,015,6	
	 18 Total e	xpenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,883,6	
_ on		ue less expenses Subtract line 18 from line 12		706 -2,112,75
to ox		ue less expenses Subtract line 18 from line 12	Beginning of Currer Year	706 -2,112,75
ssets or Balances	19 Revenu	ssets (Part X, line 16)	Beginning of Curre	706 -2,112,75 nt End of Year
et Assets or nd Balances	19 Revenu		Beginning of Currer Year 48,729,8	706 -2,112,75 nt End of Year 843 46,498,67
Net Assets or Fund Balances	20 Total a 21 Total II 22 Net as:	ssets (Part X, line 16)	Beginning of Currer Year 48,729,8	706 -2,112,75 nt End of Year 843 46,498,67 352 3,783,53
	20 Total a 21 Total II 22 Net as:	ssets (Part X, line 16)	Beginning of Currer Year 48,729,8 3,906,3	706 -2,112,75 nt End of Year 843 46,498,67 352 3,783,53
Par Under my kn	20 Total a 21 Total li 22 Net as: t II Signar r penalties of p	ssets (Part X, line 16)	### Reginning of Current	706 -2,112,75 nt End of Year 843 46,498,67 352 3,783,53 491 42,715,14 atements, and to the best o
Par Under my kn	20 Total a 21 Total li 22 Net as: t II Signa r penalties of prowledge and b arer has any kn	ssets (Part X, line 16)	Beginning of Currer Year 48,729,8 3,906,3 44,823,4 Fing schedules and state an officer) is based on	706 -2,112,75 nt End of Year 843 46,498,67 352 3,783,53 491 42,715,14 atements, and to the best o
Par Under my kn prepa	20 Total a 21 Total II 22 Net as: t II Signa r penalties of prowledge and burer has any kn	ssets (Part X, line 16)	Beginning of Currer Year 48,729,8 3,906,3 44,823,4 Fing schedules and state an officer) is based on	706 -2,112,75 nt End of Year 843 46,498,67 352 3,783,53 491 42,715,14 atements, and to the best o
Par Under my kn	20 Total a 21 Total II 22 Net as: t III Signa r penalties of prowledge and burer has any kn	ssets (Part X, line 16)	Beginning of Currer Year 48,729,8 3,906,3 44,823,4 Fing schedules and state an officer) is based on	706 -2,112,75 nt End of Year 843 46,498,67 352 3,783,53 491 42,715,14 atements, and to the best o
Par Under my kn prepa	20 Total a 21 Total II 22 Net as: TII Signate rependities of prowiding and but a signature has any known as a signature has any known as a signature has a sig	ssets (Part X, line 16)	Beginning of Currer Year 48,729,8 3,906,3 44,823,4 Fing schedules and state an officer) is based on 2014-04-14 Date	706 -2,112,75 nt End of Year 843 46,498,67 352 3,783,53 491 42,715,14 etements, and to the best of all information of which
Par Under my kn prepa	20 Total a 21 Total II 22 Net as: t II Signa r penalties of prowledge and burer has any kn ****** Signal ETHAL Type Property	ssets (Part X, line 16)	Beginning of Currer Year 48,729,8 3,906,3 44,823,4 Fing schedules and state an officer) is based on 2014-04-14 Date	706 -2,112,75 nt End of Year 843 46,498,67 352 3,783,53 491 42,715,14 atements, and to the best o

Firm's address ► 665 FIFTH AVENUE

NEW YORK, NY 10022

Use Only

Phone no (212) 286-2600

✓ Yes 厂 No

Par	Statement of Program Check if Schedule O contain				ন
1	Briefly describe the organization's	mission			
SCIE INTO PRO THE	DRUG POLICY ALLIANCE ENVISION NCE, COMPASSION, HEALTH, AND THEIR OWN BODIES BUT ONLY FOR THEIR ON TO THE TO THE TO THE TO THE TO THE	D HUMAN RIGHTS, IN N OR CRIMES AGAINST ORE OUR MISSION IS T	WHICH PEOPLE ARE OTHERS, AND IN WH FO ADVANCE THOS	NO LONGER PUNISHED F HICH THE FEARS, PREJUD: E POLICIES AND ATTITUE	OR WHAT THEY PUT ICES, AND PUNITIVE DES THAT BEST REDUCE
2	Did the organization undertake any the prior Form 990 or 990-EZ? .		ıces durıng the year v	vhich were not listed on	
	If "Yes," describe these new service	es on Schedule O			
3	Did the organization cease conduct services?		-	lucts, any program	
4	Describe the organization's program expenses Section 501(c)(3) and 5 the total expenses, and revenue, if	n service accomplishmer 01(c)(4) organizations a	re required to report t		
4a	(Code) (Expenses	5,074,644 II	ncluding grants of \$) (Revenue \$	143,882)
	PUBLIC POLICY AND LEGAL AFFAIRS- THE DRUGS, THE PEOPLE WHO USE THEM, ANI END TO THE WAR ON DRUGS - BASED ON OUR GOAL IS TO SHIFT THE U S RESPON: WHILE OUR WORK ADDRESSES THE WIDE FALL UNDER FOUR SUBSTANTIVE ISSUE AI POLICY, AND PROMOTING EFFECTIVE DRU LOCAL, STATE, AND FEDERAL LEVELS THAT MEASURABLE BENEFITS FOR PEOPLE WHO CRIME, AND SUFFERING ASSOCIATED WIT AND THE PUBLIC REGARDING THE NEED TO CRIMINAL JUSTICE INSTITUTIONS PLAY A CURRENTLY MOST ACTIVE AT THE FEDERAL	O THE MARKETS THROUGH WILLIAM OUR ORGANIZATIONAL VALUE SE TO DRUGS FROM A PUNITIFURANGE OF SOCIAL, POLITICAL REAS REFORMING THE CRIMING EDUCATION FOR YOUTH THE CAN BE ACCOMPLISHED OVE HAVE BEEN OR WOULD BE UNITED BY THE BOTH DRUG POLICIES, MINIMAL ROLE IN DEALING WILLIAM OUR OF THE POLICIES, MINIMAL ROLE IN DEALING WILLIAM OUR POLICIES POLI	HICH THEY ARE AVAILABLE SOF REASON, COMPASSI VE CRIMINAL JUSTICE MOI L, AND ECONOMIC ISSUES INAL JUSTICE SYSTEM, EM HE DRUG POLICY ALLIANCE R THE NEXT FEW YEARS, ' NJUSTLY VICTIMIZED BY TH G PROHIBITION, 2) BUILD: AND 3) ADVANCES OUR LO ITH DRUGS, DRUG USERS,	WE ADVOCATE A WHOLESALE CHON, JUSTICE, FREEDOM, AND RESDEL TO ONE BASED ON PUBLIC HEATOUCHED BY THE WAR ON DRUGIPOWERING PUBLIC HEALTH APPRESE SUPPORTS INCREMENTAL POLICY WITH THE GOAL THAT EACH REFOHE WAR ON DRUGS, THEREBY REES POLITICAL CONSCIOUSNESS AMONG-TERM VISION OF A SOCIETY II, AND DRUG MARKETS THE DRUG	IANGE OF DRUG POLICY - AN PONSIBILITY MOST GENERALLY, ALTH AND HUMAN RIGHTS S, NEARLY ALL OF OUR EFFORTS DACHES, REFORMING CANNABIS AND LEGAL REFORMS AT THE RM 1) CREATES REAL AND JUCING THE DEATH, DISEASE, DNG OTHER ORGANIZATIONS N WHICH CRIMINALIZATION AND IS POLICY ALLIANCE IS
4b	(Code) (Expenses	s\$ 1,285,959 II	ncluding grants of \$	1,156,507) (Revenue \$)
1.0	GRANTS- THE DRUG POLICY ALLIANCE'S A STRATEGICALLY FUNDING SMALLER AND O POLICY CHANGE, THROUGH WHICH WE AV RESPONSE/SPECIAL OPPORTUNITIES, THR OF APPROXIMATELY \$20,000, THROUGH W ANNUALLY TO IMPROVE THE COORDINATION	DVOCACY GRANTS PROGRAM SEOGRAPHICALLY LIMITED ORG WARDED APPROXIMATELY \$75 OUGH WHICH WE AWARDED WHICH WE AWARD SMALL GRA	ADVANCES DRUG POLICY GANIZATIONS AND PROJEC 0,000 MILLION THE SECO SMALLER GRANTS TO TIME NTS OF UP TO \$2,500 WE	REFORM AT THE LOCAL, STATE, AI CTS IT HAS THREE FUNDING TRAC ND, TOTALING APPROXIMATELY \$4 E-SENSITIVE PROJECTS THE THIR E ALSO ALLOCATE FUNDS TO BRING	ND NATIONAL LEVELS BY CKS THE FIRST IS PROMOTING .00,000, IS RAPID D IS A DISCRETIONARY FUND
4 c	(Code) (Expenses COMMUNICATIONS- THE DRUG POLICY ALTHE PUBLIC TO OUR MESSAGES AND GENIADVERTISING OUR PUBLIC RELATIONS EFTHEIR OWN CAMPAIGNS, AND TAKE ADVAOTHER MATERIALS ON CUTTING EDGE DREDERAL DRUG AND CRIME POLICIES THE LEADING REPOSITORIES OF PRINT AND OTHARM REDUCTION AND DRUG POLICY RESTATE CAMPAIGNS, WE ALSO SEEK TO ENMARKETING TO PROMOTE DPA'S "BRAND"	LIANCE INITIATES AND SHAPE SEATING EARNED MEDIA EACH FORTS SUPPORT OUR LOCAL NTAGE OF BREAKING NEWS TO USE POLICY ISSUES, AND COLLE LINDESMITH LIBRARY, HOUS THER MEDIA MATERIALS ABOUTORM MOVEMENTS WHILE OUGAGE IN LONGER-TERM CAMP	H YEAR EQUIVALENT IN IMI AND NATIONAL PROGRAMS O PROVOKE DEBATE FRAM ABORATE WITH ALLIED OR SED IN OUR NEW YORK OF UT DRUGS AND DRUG POLI UR PRIORITY IN OUR PUBL PAIGNS TO EDUCATE PEOPL	PACT TO WHAT WOULD COST MILL S AND PROJECTS, HELP SMALLER (IED BY OUR MISSION AND VISION RGANIZATIONS IN PRODUCING ASS FICE AND OPEN TO THE PUBLIC, I CY, AND HAS EMERGED AS THE DI IC EDUCATION WORK IS TO BUILL LE MORE BROADLY ABOUT OUR MI	JONS OF DOLLARS IN PAID DRGANIZATIONS PROMOTE WE PUBLISH BOOKLETS AND ESSMENTS OF STATE AND IS AMONG THE WORLD, S E FACTO ARCHIVES OF THE D SUPPORT FOR SHORT-TERM
	(Code) (Expenses OTHER PROGRAM SERVICES INCLUDE- CO	•	icluding grants of \$ ARM REDUCTION, TREATM) (Revenue \$ ENT AND PREVENTION, AND SPECI) IAL PROJECTS
					
4d	Other program services (Describe				
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses 🕨	7,985,788			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	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? If "Yes," complete Schedule C, Part III	5		No
6	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? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\bullet}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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? If "Yes," complete Schedule D, Part VII	11b		No
C	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? If "Yes," complete Schedule D, Part VIII	11c		No
d	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? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Νo
f	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)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	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 1^2 If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

G	Statements Regarding Other IRS Fillings and Tax Compliance			г
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 61		103	.40
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c		
a	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			
)	by this return	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N (
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
)	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	We a the community to a mark, to a mark, the address of the standard of the st			NI.
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		N o
		5b		IN
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			N.
	file Form 8282?	7c		N
	74	-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	l _		
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	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			
	Enter the amount of reserves on hand	Į	<u> </u>	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax 18 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 Enter the number of voting members included in line 1a, above, who are Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo $\hbox{supervision of officers, directors or trustees, or key employees to a management company or other person? \quad .}$ Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο Νo Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Did the organization have local chapters, branches, or affiliates? Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes 11a **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 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes 13 Yes 14 Did the organization have a written document retention and destruction policy? 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Yes 15b Νo 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 16a Νo **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** List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, ID, IL, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT,

- NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, VI, VT, VA, WA, WI, WY, IN, NV, HI, UT, WV
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 ▼ Other (explain in Schedule O)
- 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
- 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 131 W 33RD STREET 15TH FLOOR NEW YORK, NY (212)613-8041

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 $\,\cdot\,\,$. $\,\cdot\,\,$.

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

- 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, or 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) A verage hours per week (list any hours	(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-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	mer hest compensated doyee employee cer cor twidual trustee struttonal Trustee employee			(W- 2/1099- MISC)	from the organization and related organizations					
(1) IRA GLASSER	2 00	Х		х				0	0	0	
PRESIDENT					_						
(2) REV EDWIN SANDERS SECRETARY	2 00	х		х				0	0	0	
(3) RICHARD B WOLF	2 00					 					
		x		х				0	0	0	
TREASURER (4) ETHAN NADELMANN	52 00			\vdash	\vdash						
EXECUTIVE DIRECTOR	52 00	х		х				257,966	0	35,760	
(5) CARL HART PHD	1 00										
DIRECTOR		Х						0	0	0	
(6) JODIE EVANS	1 00										
DIRECTOR		х						0	0	0	
(7) JAMES E FERGUSON II	1 00										
		х						0	0	0	
DIRECTOR (8) MATHILDE KRIM PHD	2 00										
	2 00	х						0	0	0	
DIRECTOR (9) PAMELA LICHTY	1 00										
	1 00	х						0	0	0	
DIRECTOR											
(10) ROBERT NEWMAN MD	2 00	x						0	0	0	
DIRECTOR					_						
(11) GEORGE SOROS	1 00	×						0	0	O	
DIRECTOR											
(12) DR CHRISTINE DOWNTON	1 00	x						0	0	0	
DIRECTOR								Ŭ	Ŭ		
(13) JASON FLOM	1 00										
DIRECTOR		X						0	0	0	
(14) JOHN VASCONCELLOS	1 00	,,							ā	-	
DIRECTOR		X						0	0	0	
(15) ILONA SZABO DE CAVALHO	1 00										
DIRECTOR		X						0	0	0	
(16) THE HON LARRY CAMPBELL	1 00										
DIRECTOR		X						0	0	0	
(17) DAVID C LEWIS MD	1 00					 					
		х						0	0	C	
DIRECTOR											

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	note boo	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	ed compons from		ated of other isation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		organizatio and relate organization	
(18)	MICHAEL SKOLNIK	1 00	×						0		0		0
DIRE											1		
. ,	RYAN CHAVEZ	40 00			x				127,300		0		19,613
	OF FINANCE AND ADMIN DEDE DUNEVANT	40 00									+		
. ,	AGING DIR-COMMUNICATION						x		119,215		0		17,816
	JILL HARRIS	40 00									+		
MANA	AGING DIRECTOR - PUBLIC			L			Х		128,944		0		17,256
(22)	STEPHEN GUTWILLIG	40 00					х		136,820		0		20,451
	E DIR OF CALIFORNIA						<u> </u>		130,020				20,131
	CLOVIS THORN	40 00					x		108,756		0		17,632
	GING DIRECTOR - FUNDRA BILL PIPER	40 00				-							
. ,	CTOR, NATIONAL AFFAIR	40 00					×		110,598		0		17,808
DIKE	eron, national attain										\dagger		
						1					+		
											+		
											+		
	Cub Tatal						<u> </u>		<u> </u>				
1b c	Sub-Total	Part VII Section A		•	•		-						
d			• •		٠.		⊩⊢		989,599	0			146,336
	Total number of individuals (includi		those	lıste	ed a	bove	L e) who	rec	eived more than				<u> </u>
	\$100,000 of reportable compensat						•						
												Yes	No
3	Did the organization list any forme i	r officer, director or	truste	e, key	y en	nplo	yee, o	r hig	ghest compensate	d employee		. 03	
	on line 1a? If "Yes," complete Sched			•	•	•					3		No
4	For any individual listed on line 1a, organization and related organization and related organization and vidual										4	Yes	1
5	Did any person listed on line 1a rec	elve or accrue com	nancat	on f	rom	anv	unral	- ator	d organization or u	_	+	165	
•	services rendered to the organization										5		No
	ection B. Independent Contra												
1	Complete this table for your five hig compensation from the organization											ax year	
	·	(A)					,			(B)	T	(C)
	Name a	and business address							Descripti	on of services	+	Comper	nsation
											丰		
											+		
											+		

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 $\blacktriangleright 0$

		Check if Schedule O contains a respo	nse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
w 20	1a	Federated campaigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues 18	1,116,352				
5 E	С	Fundraising events 10	17,150				
fts, FA	d	Related organizations 10					
n 19.5	e	Government grants (contributions) 16					
Sir	f	All other contributions, gifts, grants, and	<u> </u>				
tributions, Gifts, Grants Other Similar Amounts	•	sımılar amounts not ıncluded above		ļ			
를 를 급 를	g	Noncash contributions included in lines 1a-1f \$	666,642				
Cont	h	Total. Add lines 1a-1f		8,899,787			
			Business Code				
enue	2a	DRUG POLICY ACTION ADM	900099	142,932	142,932		
Fe K	b	PUBLICATIONS AND VIDEO	900099	7,281	7,281		
Program Serwce Revenue	С	REGISTRATION AND CONFE	900099	950	950		
er v	d						
S =	е						
XII.a	f	All other program service revenue					
Ě	g	Total. Add lines 2a-2f		151,163			
	3	Investment income (including divider		8,656			8,656
	4	and other similar amounts) Income from investment of tax-exempt bond		0,030			0,030
	5	Royalties	· · · · · · ·	9,890			9,890
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of 750,295 assets other than inventory					
	b	Less cost or other basis and 749,846					
		sales expenses					
	C	Sain or (loss) 449 Net gain or (loss)		449			449
	d 8a	Gross income from fundraising		115			113
Other Revenue		events (not including \$17,150 of contributions reported on line 1c) See Part IV, line 18					
- -	_	a	72,130				
툿	b c	Less direct expenses b Net income or (loss) from fundraising		-14,948			-14,948
•		Gross income from gaming activities	events p-	11,310			11,510
		See Part IV, line 19					
	_	a					
	b c	Less direct expenses b Net income or (loss) from gaming act					
	10a	Gross sales of inventory, less	141663				
		returns and allowances .					
	L	loss cost of goods sold h					
	b c	Less cost of goods sold b Net income or (loss) from sales of inv	ventory				
		Miscellaneous Revenue	Business Code				
	11a	HONORARIUMS AND REBATE	900099	697			697
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		697			
	12	Total revenue. See Instructions .	▶	9,055,694	151,163		4,744

	t IX Statement of Functional Expenses				Page 10
	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All	other organizati	ons must comp	olete column (A)	
	Check if Schedule O contains a response to any question in this Pa				· · · · · ·
	ot include amounts reported on lines 6b, b, 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	1,156,507	1,156,507		·
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	460,454	183,707	215,511	61,236
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	3,913,537	3,072,804	547,593	293,140
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	254,576	196,655	39,868	18,053
9	Other employee benefits	430,675	316,570	80,453	33,652
10	Payroll taxes	341,261	246,272	67,854	27,135
11	Fees for services (non-employees)				
а	Management	24,641	2,900	18,066	3,675
b	Legal	38,715	25	38,690	_
С	Accounting	34,793		34,793	
d	Lobbying	426,930	426,930		
e	Professional fundraising services See Part IV, line 17	81,500			81,500
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	131,217	130,797	250	170
13	Office expenses	648,176	533,180	113,954	1,042
14	Information technology	61,534	49,499	8,470	3,565
15	Royalties	84,474	5,146		79,328
16	Occupancy	586,085	406,912	137,165	42,008
17	Travel	457,734	410,920	34,401	12,413
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	181,344	176,890	4,454	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	65,203	41,865	16,638	6,700
23	Insurance	61,012	4,586	56,426	
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)				
а	FUNDRAISING EXPENSE	1,014,171			1,014,171
b	PROGRAM FEES	585,758	514,934	59,368	11,456
c	MEMBERSHIP/SUBSCRIPTION	115,707	108,689	2,421	4,597
d	BOARD EXPENSES	12,445		12,445	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	11,168,449	7,985,788	1,488,820	1,693,841
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)	466,672	146,672	0	320,000
		•	•		rm 000 (2012)

Part X Balance Sheet

		Check if Schedule O contains a response to any question in thi	s Part X				
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			265,842	1	157,660
	2	Savings and temporary cash investments			3,251,141	2	3,654,627
	3	Pledges and grants receivable, net			39,425,255	3	37,001,808
	4	Accounts receivable, net			125,569	4	71,091
ste	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P. Schedule L	art II of			5	
	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	ıtıng employers		6		
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			68,282	9	60,965
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<u>'</u>		·		
	ь	Less accumulated depreciation	10a 10b	396,287	5,503,706	10c	5,529,813
	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		•	90,048	15	22,709
	16	Total assets. Add lines 1 through 15 (must equal line 34).			48,729,843	16	46,498,673
	17				824,207	17	767,772
	18	Accounts payable and accrued expenses		(-)	024,201	18	701,112
			• •				
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
<u>iè</u>	21	Escrow or custodial account liability Complete Part IV of Sch				21	
Liabiliti	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	fied	stees,			
喜		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s .	•	3,082,145	23	3,015,760
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	rt X of S	Schedule			
		D			3,906,352	25	2 702 522
	26	Total liabilities. Add lines 17 through 25			3,906,352	26	3,783,532
ي dt		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	✓ and o	complete			
ĕ	27	Unrestricted net assets			6,033,363	27	6,865,876
<u>ප</u>	28	Temporarily restricted net assets			38,790,128	28	35,849,265
<u>~</u>	29	Permanently restricted net assets	• •	•	30,730,120	29	
Ĭ	29		 	· ·		29	
or Fi		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	·				
Assets or Fund Balance	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			44,823,491	33	42,715,141
	34	Total liabilities and net assets/fund balances			48,729,843	34	46,498,673

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,0	55,694
2	Total expenses (must equal Part IX, column (A), line 25)	2		11,1	168,449
3	Revenue less expenses Subtract line 2 from line 1	3			.12,755
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-	323,491
5	Net unrealized gains (losses) on investments	5		11,0	,23,131
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			4,405
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		42,7	715,141
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	ofthe	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<u>:</u>	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493104010454

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

DRUG POLICY ALLIANCE

Public Charity Status and Public Support

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

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

Open to Public Inspection

Pa	rt I	Reas	on for Du	blic Charity Sta	tus (All or	nanization	s must com	nlete this	nart) See		ς	
				te foundation becaus				•	 	mad actions	٠.	
1				on of churches, or a			= -			-		
2	Ē		-	in section 170(b)(1								
3	Ė			perative hospital se				on 170(b)(1	L)(A)(iii).			
4	Ė			h organization opera						(1)(A)(iii).	Enter the	
	•			ty, and state								
5	Γ	Anorg	anızatıon op	erated for the benefi	t of a college	or universi	ty owned or o	perated by	a governme	ntal unıt des	cribed in	
		sect ior	section 170(b)(1)(A)(iv). (Complete Part II)									
6	Γ	A feder	al, state, or	local government o	government	tal unit desc	cribed in sect	ion 170(b)((1)(A)(v).			
7	굣	🔽 An organization that normally receives a substantial part of its support from a governmental unit or from the general public							:			
	_			on 170(b)(1)(A)(vi).		•		т \				
8 9	<u>'</u>		-	described in sectior at normally receives			•	-	ubutions mark	mbarabın faa	a and area	
9	1											.5
				ities related to its e								
				oss investment inco						r (ax) II O III D	usillesses	
10	_			ganization after June ganized and operated								
11	<u>'</u>	-		-							. 	
	·	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 - Non-functionally integrated							Check			
е	Γ	othert	_	ox, I certify that the on managers and ot	_			•		•	•	
f		If the o		received a written d	etermination	from the IR	S that it is a	Type I, Ty	pe II, or Typ	e III support	tıng organı:	zation,
g		followir	ng persons?	2006, has the organ	•							
				rectly or indirectly o	•		-	persons d	escribed in (i		Yes	No
				governing body of th		_	n?				g(i)	
				er of a person descr							g(ii)	
_				lled entity of a perso						11g	g(iii)	L
h 		Provide	e the followi	ng information about	the support	ed organizat	tion(s)					
-	i) Nan		(ii) EIN	(iii) Type of	(iv) Is		(v) Did yo		(vi) Is		(vii) An	
	suppo rganiz			organization (described on	organızatı col (i) lıs		the organi		organiza col (i) or		mone sup	•
O.	yamz	ation		lines 1- 9 above	your gove		suppo		in the		J	٥٠١١
				or IRC section	docume		1					
				(see								
				instructions))	Yes	No	Yes	No	Yes	No		
Tota	ı		1								1	

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.)

Se	ection A. Public Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f)	Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,689,876	8,402,823	9,039,672	46,628,606	8,899	,787	82,660,764
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	9,689,876	8,402,823	9,039,672	46,628,606	8,899	,787	82,660,764
5	The portion of total contributions by each person (other than a governmental unit or publicly							
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							55,721,212
6	Public support. Subtract line 5 from line 4							26,939,552
	ection B. Total Support							
Cale	endar year (or fiscal year	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f)	Total
7	beginning in) A mounts from line 4	9,689,876	8,402,823	9,039,672	46,628,606	8,899,	787	82,660,764
8	Gross income from interest,	3,003,010	3,132,323	3,003,012	10,020,000	0,000,		02/000/101
Ū	dividends, payments received on securities loans, rents, royalties and income from similar	57,310	29,654	16,995	11,758	18,	546	134,263
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	22,837	5,292	446,117	16,251		697	491,194
11	Total support (Add lines 7 through 10)							83,286,221
12	Gross receipts from related activiti	es, etc (see inst	ructions)			12	2,	.094,292
13	First five years. If the Form 990 is this box and stop here		<u> </u>				ganızatıon,	, check
	ection C. Computation of Pub							
14	Public support percentage for 2012		•	11, column (f))		14	3	2 350 %
15	Public support percentage for 2011	Schedule A, Par	t II, line 14			15	3	1 850 %
16a	33 1/3% support test—2012. If the	•		•	ne 14 is 33 1/3%	or more, che	ck this box	- -
b	and stop here. The organization qua 33 1/3% support test—2011. If the box and stop here. The organization	organızatıon dıd ı	not check a box o	n lıne 13 or 16a,	and line 15 is 33	1/3% or more	e, check thi	⊳ s ►
	10%-facts-and-circumstances test- is 10% or more, and if the organiza in Part IV how the organization mee organization	–2012. If the orgation meets the "facts-and	anization did not d acts-and-circums d-circumstances"	check a box on lin stances" test, che test The organiz	ck this box and s ation qualifies as	t op here. Exp a publicly si	plain upported	▶ ✓
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	iization meets the	e "facts-and-circi	ımstances" test,	check this box ai	nd stop here.		▶
18	Private foundation. If the organizations	ion did not check	a box on line 13	, 16a, 16b, 17a, c	r 17b, check this	box and see	!	▶ □

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			12		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	 	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 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).

Facts And Circumstances Test

DPA WAS ORGANIZED AND INCORPORATED IN 2000 AS A 501(C)(3) PUBLIC CHARITY TO SUPPORT DRUG POLICY AND LEGAL REFORM AT THE NATIONAL, LOCAL AND STATE LEVEL DPA'S ADVOCACY GRANTS PROGRAM SUPPORTS PARTNER ORGANIZATIONS AT THE NATIONAL AND LOCAL LEVELS IN SUPPORT OF THEIR EFFORTS TO REFORM DRUG POLICY DPA IS AN ORGANIZATION WHICH RELIES HEAVILY ON CONTRIBUTIONS FROM THE PUBIC TO SUPPORT ITS INTERNAL ADVOCACY AND GRANTS PROGRAMS BETWEEN 2000 AND 2010. DPA HAD PUBLIC SUPPORT PERCENTAGES WHICH CONSISTENTLY EXCEEDED THE 33 1/3% PUBLIC SUPPORT THRESHOLD AS THE VAST MAJORITY OF ITS FUNDING COMES FROM CHARITABLE CONTRIBUTIONS. IN 2011, THE OPEN POLICY FOUNDATION MADE A VERY GENEROUS \$50,000,000 PLEDGE WHICH IS TO BE PAID IN \$5,000,000 INCREMENTS FROM 2011 (FYE 06/30/2012) TO 2021 (FYE 06/30/2022) DPA CAN NOW PLAN ACCORDINGLY KNOWING IT HAS LOCKED IN FUNDING TO COVER ITS FUTURE OPERATIONAL COSTS SINCE DPA IS AN ACCRUAL BASED TAX PAYER, THIS LARGE PLEDGE WAS PROPERLY INCLUDED IN ITS ENTIRETY (AFTER MINIMAL DISCOUNTING) ON FORM 990, SCHEDULE A, PART II, LINE 1 UNFORTUNATELY, THE 2% LIMITATION ON ALL CONTRIBUTIONS OF THE DONOR INCLUDED ON SCHEDULE A (WHETHER A PLEDGE OR ACTUALLY RECEIVED BY THE ORGANIZATION) ELIMINATES A MAJORITY OF OPEN POLICY FOUNDATION'S CONTRIBUTIONS, AND DECREASES THE ORGANIZATION'S PUBLIC SUPPORT PERCENTAGE FOR 2011 AND 2012, TO 31 85% AND 32 35% RESPECTIVELY IF THE PUBLIC SUPPORT TEST INSTEAD WAS BASED ON ACTUAL CONTRIBUTIONS RECEIVED \$5,000,000 IN 2011 INSTEAD OF THE ENTIRE DISCOUNTED PLEDGE AMOUNT OF \$41.743.818. THE ORGANIZATION PUBLIC SUPPORT PERCENTAGE WOULD HAVE CONTINUED TO CONSISTENTLY EXCEED THE 33 1/3% PUBLIC SUPPORT PERCENTAGE THRESHOLD SINCE THE REQUIRED PUBLIC SUPPORT PERCENTAGE FOR 2011 AND 2012 WAS NOT EXCEEDED. WITH THE INFORMATION PROVIDED BELOW DPA SETS FORTH TO DEMONSTRATE. THE ORGANIZATION'S CAPACITY TO SATISFY THE ELEMENTS OF THE "10% FACTS AND CIRCUMSTANCES TEST" AS DESCRIBED IN REGULATION SECTION 1 170A-9(F)(3) AND CONTINUE TO OPERATE AS A PUBLIC CHARITY1) THE TOTAL AMOUNT OF PUBLIC SUPPORT NORMALLY RECEIVED BY THE ORGANIZATION IS AT LEAST 10% OF ITS SUPPORT NORMALLY RECEIVEDSINCE ITS INCEPTION, DPA HAS MET AND EXCEEDED THIS ELEMENT OF THE TEST. IN FACT, FOR THE TWO YEARS IN QUESTION, 2011 AND 2012, THE FOUNDATION'S PUBLIC SUPPORT LEVELS FAR EXCEEDED 10% OF THE REQUIRED MINIMUM PUBLIC SUPPORT PERCENTAGE TO BE CONSIDERED SUBSTANTIALLY SUPPORTED BY THE GENERAL PUBLIC (31 85% AND 32 35% RESPECTIVELY) SINCE DPA CONTINUES TO ACTIVELY SOLICIT CONTRIBUTIONS (\$8,899,787 IN 2012), DPA EXPECTS ITS PUBLIC SUPPORT PERCENTAGE TO CONSISTENTLY INCREASE AND WILL EVENTUALLY VASTLY INCREASE WHEN THE LARGE PLEDGE FROM OPEN SOCIETY FOUNDATION IS REMOVED FROM DPA'S PUBLIC SUPPORT CALCULATION IN 2016 (FYE 06/30/2017) 2) THE ORGANIZATION HAS A CONTINUOUS AND BONA-FIDE PROGRAM FOR SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC, GOVERNMENTAL UNITS, OR PUBLIC CHARITIESIN 2012, \$1,693,841 OF ITS TOTAL FUNCTIONAL EXPENSES OF \$11,168,449 WAS DEDICATED TO FUNDRAISING IN 2012, DPA HIRED OUTSIDE FUNDRAISERS, A B. DATA AND MF PRODUCTIONS, WHICH RAISED \$1,050,352 AND \$73,800, RESPECTIVELY FOR THE ORGANIZATION SINCE DPA HAS MINIMAL INVESTMENTS OR OTHER INCOME, DPA MUST CONTINUE TO ACTIVELY SOLICIT CONTRIBUTIONS TO BE ABLE TO SUPPORT ITS INTERNAL ADVOCACY PROGRAMS AND TO PROVIDE SUPPORT TO SIMILAR ORGANIZATIONS THROUGHOUT THE NATION 3) ALL OTHER PERTINENT FACTS AND CIRCUMSTANCES INCLUDING THE PERCENTAGE OF ITS SUPPORT FROM GOVERNMENTAL AND PUBLIC SOURCES, THE PUBLIC NATURE OF THE ORGANIZATION'S GOVERNING BOARD. THE EXTENT TO WHICH ITS FACILITIES AND PROGRAMS ARE PUBLICLY AVAILABLE, AND WHETHER ITS ACTIVITIES ARE LIKELY TO APPEAL TO PERSONS HAVING SOME BOARD COMMON INTEREST OR PURPOSEDPA IS AN ORGANIZATION WHICH HAS CONSISTENTLY EXCEEDED ITS PUBLIC SUPPORT THRESHOLD AND WILL CONTINUE TO EXCEED THIS THRESHOLD ONCE THE LARGE PLEDGE FROM THE OPEN SOCIETY FOUNDATION IS ELIMINATED FROM THE PUBLIC SUPPORT TEST (IF NOT SOONER) SIXTEEN OF THE SEVENTEEN MEMBERS OF THE DPA'S BOARD ARE CLASSIFIED AS INDEPENDENT VOTING MEMBERS, THESE BOARD MEMBERS HAVE DIVERSE BACKGROUNDS INCLUDING BUSINESS, LAW, AND PUBLIC ADVOCACY, BUT THEY ALL HAVE A COMMON INTEREST IN DRUG POLICY AND OTHER LEGAL REFORM ON A FEDERAL AND STATE LEVEL DPA'S PROGRAMS AND GRANTS ARE FOCUSED ON CHANGES TO THE FEDERAL AND STATE DRUG LAWS WHICH WILL DIRECTLY BENEFIT THE GENERAL PUBLIC AND SOCIETY AS A WHOLE DPA'S ADVOCACY GRANTS PROGRAM SUPPORTS PARTNER ORGANIZATIONS THROUGHOUT THE COUNTRY AT THE NATIONAL AND LOCAL LEVELS TO ENSURE AS MANY MEMBERS OF GENERAL PUBLIC AS POSSIBLE BENEFIT FROM ITS EFFORTS TO REFORM DRUG POLICY

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME OTHER INCOME - 2008 AMOUNT \$ 22,837 2009 AMOUNT \$ 5,292 2011 AMOUNT \$ 16,251 HONORARIUMS AND REBATE - 2012 AMOUNT \$ 697 REIMBURSED FEES - 2010 AMOUNT \$ 269,769 TAX REFUND - 2010 AMOUNT \$ 3,823 PROP 19 CAMPAIGN - 2010 AMOUNT \$ 172,525

DLN: 93493104010454

OMB No 1545-0047

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 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

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-巨, 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.

Na	me of the organization UG POLICY ALLIANCE	anzatorio complete i art iii		Employer ide	ntification number
				52-1516692	2
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 52	7 organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect polit	cal campaign act	ivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization ur	der section 4955	. ▶	\$
2	Enter the amount of any excise	e tax incurred by organization manaq	gers under sectioi	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 47.	20 for this year?		┌ Yes ┌ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par		ganization is exempt under			01(c)(3).
1		ended by the filing organization for s			\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to o	ther organizations	s for section 527 ►	\$
3	Total exempt function expendi	\$			
4	Did the filing organization file I	→ Yes No			
5	organization made payments l amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) If	ne amount paid fro directly delivered	om the filing organization's to a separate political org	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

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 E (The term "expenditures" means an		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	13,846	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	542,776	
c	Total lobbying expenditures (add lines 1a and 1b	o)	556,622	_
d	Other exempt purpose expenditures	9,470,203		
e	Total exempt purpose expenditures (add lines 1	10,026,825		
f	Lobbying nontaxable amount Enter the amount f	651,341		
	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		
	Grassroots nontaxable amount (enter 25% of lin	e 1f)	162,835	
h	Subtract line 1g from line 1a If zero or less, ente	er - O -	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lir	ne 1h or line 1ı, dıd the organization file Form 472) reporting	□ Ves □ 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 Expend	litures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount	508,157	541,707	577,479	651,341	2,278,684
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,418,026
c	Total lobbying expenditures	419,304	273,989	286,765	556,622	1,536,680
d	Grassroots nontaxable amount	127,039	135,427	144,370	162,835	569,671
е 	Grassroots ceiling amount (150% of line 2d, column (e))					854,507
f	Grassroots lobbying expenditures	14,551	7,485	11,406	13,846	47,288

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge S
	Week Week was a second of the	(6	a)		(b)	
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes No		1	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c)(5), (or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?					
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493104010454

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Open to Public Inspection

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Internal Revenue Service ► Attach to Form 990. ► See separate instructions. **Employer identification number** Name of the organization DRUG POLICY ALLIANCE 52-1516692 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 Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located ▶___ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 XIII, the text of the footnote to its financial statements that describes these items 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 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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	🚻 🗓 Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>stori</u>	<u>cal Tı</u>	reasu	res, or O	<u>the</u>	<u>r Similar As</u>	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	heck	any of	the follo	owing that a	re a	significant use	of its	
а	Public exhibition		d	\vdash	Loan	or exch	nange progr	ams			
b	Scholarly research		e	Г	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y furthe	er the o	rganızatıon	's ex	empt purpose	n	
5	During the year, did the organization solicit of	or receive donations	ofar	rt, hıs	torıcal	treasu	res or other	sım			
	assets to be sold to raise funds rather than t									Yes	│ No
Par	Part IV, line 9, or reported an an						answered	1 "Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	/ for c	ontribu	itions o	r other ass	ets i		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing t	able		_				
									An	nount	
с	Beginning balance						-	1c			
d	Additions during the year						-	1d			
e	Distributions during the year						—	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?	>						│ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	n has	been pr	ovided in P	art >	<iii< td=""><td></td><td>\Box</td></iii<>		\Box
Pa	rt V Endowment Funds. Complete										
4_	Danisa of war halana	(a)Current year	(Ь)Prior	year	b (c) Tv	vo years back	(d)	Three years back	(e)Four y	ears back
1a L	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
f	and programs										
g	End of year balance										
_	Provide the estimated percentage of the curi	rant was and haland		1		<u> </u>	ald so	<u> </u>			
2		rent year end baland	e (III	ie ig	, colum	III (a)) I	ieiu as				
a	Board designated or quasi-endowment										
b	Permanent endowment ►										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that	are hel	d and a	dmınıstered	lfor	the	Yes	No
	(i) unrelated organizations								3a(140
	(ii) related organizations								3a(
b	If "Yes" to 3a(II), are the related organization	ns listed as required	d on S	Sched	dule R?				31		
4	Describe in Part XIII the intended uses of th	ne organızatıon's en	dowm	nent f	unds						
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa							1.05	
	Description of property) Cost or is (inves		(b)Cost or of basis (othe		(c) Accumulated depreciation	(а) В	ook value
1a	Land		•								
b	Buildings						4,340	,092			4,340,092
c	Leasehold improvements						855	,820	27,90)9	827,911
d	Equipment						680	,278	368,37	'8	311,900
	Other							,910			49,910
Tota	l. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colι	umn (B), line	10(c).)			🕨		5,529,813

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	

Par	t XI Reconciliation of Revenue per Audited Financial State	emen	ts With Revenue բ	er Ret	turn
1	Total revenue, gains, and other support per audited financial statements .			1	9,142,792
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	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 XIII)	2d	87,098		
e	Add lines 2a through 2d			2e	87,098
3	Subtract line 2e from line 1			3	9,055,694
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	C
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	L2) .		5	9,055,694
Part	XII Reconciliation of Expenses per Audited Financial Stat	eme	nts With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements			1	11,251,142
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b]	
c	Other losses	2c		1	
d	Other (Describe in Part XIII)	2d	87,098	1	
e	Add lines 2a through 2d			2e	87,098
3	Subtract line 2e from line 1			3	11,164,044
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	4,405	1	
C	Add lines 4a and 4b			4c	4,405
_	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line	10\			11 169 440

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		DPA RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED MANAGEMENT HAS DETERMINED THAT DPA HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION DPA IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR THE PERIODS PRIOR TO 2009
PART XI, LINE 2D - OTHER ADJUSTMENTS		EVENT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B 87,098
PART XII, LINE 2D - OTHER ADJUSTMENTS		EVENT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B 87,098
PART XII, LINE 4B - OTHER ADJUSTMENTS		GRANT REFUNDS NETTED AGAINST GRANT EXPENSE 4,405

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As Filed Data -

DLN: 93493104010454

OMB No 1545-0047

2012

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number

RU	G POLICY ALLIANCE				F2 1516602				
Pa	rt I General Informat	ion on Activ	rities Outsid	le the United Stat	52-1516692 tes. Complete if the organizat	ion answered			
	"Yes" to Form 990, F								
1	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
3	Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)								
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region			
	SOUTH AMERICA	0	1	SERVICES	WORKING WITH/ADVISING/CONSULTING THE COALITION OF CIVIL SOCIETY ORGANIZATIONS IN THE COUNTRY OF URAGUAY, FORMED TO CREATE THE PUBLIC CAMPAIGN IN SUPPORT OF THE COUNTRY'S MARIJUANA REGULATION BILL WE HELD EVENTS AROUND THE COUNTRY TO RAISE AWARENESS OF THE BILL, DISSEMINATED PRINT INFORMATION, DID PRESS OUTREACH, AND PRODUCED AN EXTENDED PAID MEDIA CAMPAIGN IN THE FORM OF TV AND RADIO SPOTS AND POSTERS ON BUSES	21,942			
	Sub-total Total from continuation	0	1			21,942			
D	sheets to Part I	0	0						
c	Totals (add lines 3a and 3b)	0	1			21,942			

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nur	mber of other or	ganizations or en	tities					

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisal, other)

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	⊽	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	<u> </u>	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u> ~</u>	Νo

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

DLN: 93493104010454

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding **Fundraising or Gaming Activities**

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

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

Inspection

Name of the organization DRUG POLICY ALLIANCE **Employer identification number**

52-1516692

Part I	Fundraising I	Activities.	Complete if	if the organization	answered "Yes	" to Form 990,	, Part IV, line 17.

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

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

- Mail solicitations
- Internet and email solicitations
- Phone solicitations
- In-person solicitations

- e Solicitation of non-government grants
 - Solicitation of government grants
 - Special fundraising events
- or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (v) A mount paid to (vi) A mount paid to (ii) Activity (iii) Did (iv) Gross receipts individual from activity (or retained by) (or retained by) fundraiser have

or entity (fundraiser)		cust	ody or crol of outions?	from activity	fundraiser listed in col (i)		
		Yes	No				
AB DATA PO BOX 170062 MILWAUKEE, WI 532178000	PRO FESSIONAL FUNDRAISER		No	1,116,352	66,000	1,050,352	
MF PRODUCTIONS 425 W 13TH STREET NEW YORK, NY 10014	FUNDRAISING EVENT PRODUCTION AND SILENT AUCTION		No	89,300	15,500	73,800	
 otal			>	1,205,652	81.500	1.124.152	

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC,

Sche	dule	e G (Form 990 or 990-EZ) 2012				Page 2
Pai	rt II	Fundraising Events. Con more than \$15,000 of funda events with gross receipts of	raising event contribut			
			(a) Event #1 ART AUCTION	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
Ф			(event type)	(event type)	(total number)	
Ė	1	Gross receipts	89,30	0		89,300
Revenue	2	Less Contributions	17,15	0		17,150
	3	Gross income (line 1 minus line 2)	72,15	0		72,150
	4	Cash prizes				
မွာ	5	Noncash prizes				
Expenses	6	Rent/facility costs	15,00	0		15,000
ន្ន	7	Food and beverages .	19,48	0		19,480
Direct	8	Entertainment	50	0		500
△	9	Other direct expenses .	52,11	8		52,118
	10	Direct expense summary Add lii	nes 4 through 9 ın columr	n (d)		(87,098)
	11	Net income summary Combine I	ine 3, column (d), and line	e 10	•	-14,948
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue		\$13,000 OH FORM 350-EZ, II	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rei	1	Gross revenue				
s မ	2	Cash prizes				
kpenses	3	Non-cash prizes				
Ш Д	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	☐ Yes	☐ Yes ☐ No	│ Yes_	_
	7	Direct expense summary Add line	es 2 through 5 in column ((d)	🛌	
	8	Net gaming income summary Con	nbine lines 1 and 7 in col	umn (d)	<u> </u>	
9	Ent	ter the state(s) in which the organiz	ation operates gaming ac	tivities		
a b	Is	the organization licensed to operate	e gaming activities in eac	h of these states?		. Fyes Fno
10a b		re any of the organization's gaming	licenses revoked, suspe	nded or terminated during	the tax year?	

chedule (3	(Form	990	or 990-	·EZ) 2012

|--|

Sche	Page 3
Does	s the organization operate gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity operated in
а	The organization's facility
b	An outside facility
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?
Ь	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the
	amount of gaming revenue retained by the third party 🟲 \$
С	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
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent
	ın the organization's own exempt activities during the tax year ▶ \$
Pa	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)

Identifier	Return Reference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	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 \$66,000 OF CONSULTANT FEES PAID, A B DATA ALSO RECEIVED ADDITIONAL AMOUNTS OF \$1,012,733 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 \$15,500 IN ADDITION TO THE CONSULTANT FEES PAID, MF PRODUCTIONS ALSO RECEIVED ADDITIONAL AMOUNTS OF \$719 AS REIMBURSEMENT FOR EXPENSES INCURRED

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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.

OMB No 1545-0047

DLN: 93493104010454

Open to Public

Internal Revenue Service

Schedule I (Form 990)

Department of the Treasury ► Attach to Form 990

lame of the organization						Employer identificati	on number
DRUG POLICY ALLIANCE						52-1516692	
Part I General Information	on on Grants an	d Assistance				•	
 Does the organization maintain the selection criteria used to a Describe in Part IV the organiz 	ward the grants or as	ssistance?			the grants or assist	tance, and	▽ Yes
Part II Grants and Other A Form 990, Part IV, lin				United States. Com art II can be duplicated			es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table		1				1	1
2 Enter total number of section 5						_	54
3 Enter total number of other orga	anızatıons lısted ın t	he line 1 table				•	54

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	irt IV, line 22.
	Part III can be duplicated if additional space is needed.	·

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
0 1 17 6		•	•	•	

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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 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 501(C)(3) EXEMPT LETTER NEED TO APPLY THROUGH A FISCAL SPONSOR WITH 501 (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 COMMITTEE IS ULTIMATELY RESPONSIBLE FOR MAKING AWARD DECISIONS THE PROGRAM STAFF MAINTAINS COMMUNITY LEADERS, AND DHA'S EXECUTIVE DIRECTOR THE COMMITTEE IS ULTIMATELY RESPONSIBLE FOR MAKING AWARD DECISIONS THE PROGRAM STAFF MAINTAINS COMMUNITY LEADERS, AND OUTCOMES AT THE END OF THE GRANT ECIPIENT ORGANIZATIONS ATTEND AN ANNUAL PARTNERS MEETING TO DISCUSS THEIR PROJECTS AND OUTCOMES AT THE END OF THE GRANT ECPIENT

Software ID:

Software Version:

EIN: 52-1516692

Name: DRUG POLICY ALLIANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 BETTER WAY FOUNDATIONPO BOX 942 HARTFORD,CT 06101	06-1576383	501(C)3	20,000		N/A	,	IN SUPPORT OF THEIR WORK ON CONNECTICUT'S DRUG FREE SCHOOL ZONE LAW
A NEW PATH2527 DOUBLETREE ROAD SPRING VALLEY, CA 91978	33-0883927	501(C)3	50,000		N/A		TO SUPPORT EXPANDING PROGRAMS, CAMPAIGNS, VISIBILITY, INFLUENCE, AND THE EXPANSION OF THE MOMS UNITED TO END THE WAR ON DRUGS CAMPAIGN ON A NATIONAL LEVEL

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA CITIZENS FOR DRUG POLICY REFORM 4633 PEARSON CHAPEL RD ALEXANDER CITY, AL 35010	82-0587071	501(C)3	15,000		N/A		TO ACCOMPLISH ORGANIZATION AND MOBILIZATION OF CONSTITUENCIES,
ALTERNET77 FEDERAL PLAZA FLOOR 2 SAN FRANCISCO,CA 94107	52-1309876	501(C)3	25,000		N/A		TO CONTINUE AND EXPAND ITS ROLE AS THE GO-TO OUTLET FOR EXPERT ANALYSIS, ORIGINAL REPORTING AND SOLUTIONS-BASED JOUMALISM ON THE ISSUE OF THE "DRUG WAR" AND DRUG REFORM

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA SOCIETY OF ADDICTION MEDICINE (CSAM)575 MARKET STREET STE 2125 SAN FRANCISCO,CA 94105	23-7364605	501(C)3	30,000		N/A		TO CONTINUE ITS PUBLIC POLICY AND COMMUNICATIONS EFFORTS ON A STATEWIDE BASIS, AND PREPARE A REPORT ON DRUG POLICY REFORM IN CALIFOMIA
CANGRESS (DBA LA COMMUNITY ACTION NETWORK)530 S MAIN STREET LOS ANGELES, CA 90013	02-0661629	501(C)3	25,000		N/A		TO SUPPORT CANGRESS" CIVIL RIGHTS ADVOCACY PROJECT, WHICH INCLUDES GRASSROOTS ORGANIZLNG ADVOCACY AND PUBLIC EDUCATION COMPONENTS TO REVERSE THE PUNITIVE APPROACH TO DRUG OFFENSES WITHIN THE CITY OF LOS ANGELES, PARTICUTAF1Y FOCUSING ON "SAFER CRTIES" PO

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANNABIS EDUCATION PROJECT (FS A NEW PATH) 4755 LONG BEACH AVENUE SAN DIEGO, CA 92107	33-0883927	501(C)3	15,000		N/A		"THE SHORT-TERM STRATEGIC GOAL OF THIS PROJECT IS TO
CENTER FOR NULEADERSHIP510 GATES AVENUE 1ST FLOOR BROOKLYN,NY 11216	11-2245967	501(C)3	35,625		N/A		"TO SUPPORT THE NEW YORKER FOR SAFETY AND HEALTH PROJECT, WHICH SEEKS TO END NEW YORK CITY'S MARIJUANA

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL OUTREACH AND ADVOCACY CENETER201 WASHINGTON STREET SW ATLANTA,GA 30303	58-2255636	501(C)3	9,500		N/A		FUNDING FOR THE "EDUCATIONAL CAMPAIGN" ASPECT OF OUR POLICY CHANGE INITIATIVE TO LIFT THE GEORGIA FOOD STAMP BAN FOR THOSE WHO HAVE DRUG CONVICTIONS
CHICAGO RECOVERY ALLIANCE3110 WTAYLOR STREET CHICAGO,IL 60612	36-3809778	501(C)3	25,000		N/A		NOVEMBER 2012-TO PURCHASE NALOXONE TO INTEGRATE TO OVERDOSE PREVENTION PROGRAMS

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITIWIDE HARM REDUCTION226 EAST 144TH STREET BRONX,NY 10451	13-4009817	501(C)3	20,000		N/A		TO CREATE AND RUN A MODEL SUPERVISED INJECTION FACILITY (SIF) ROOM AT THEIR SOUTH BRONX DRO~IN CENTER SYRINGE EXCHANGE PROGRAM LOCATION
COLORADO CRIMINAL JUSTICE REFORM COALITION (CCJRC)1212 MARIPOSA STREET 6 DENVER,CO 80204	84-1449882	501(C)3	40,000		N/A		GENERAL OPERATING SUPPORT TO BUILD ON PREVIOUS SUCCESSES AND ADVANCE DRUG POLICY REFORM

(a) Name and address of organization	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
or government		п аррпсавіе	grant	assistance	(book, FMV, appraisal, other)		or assistance
COLORADO FOUNDATION FOR PUBLIC HEALTH & ENVIRONMENT9457 SOUTH UNIVERSITY BLVD 513 HIGHLANDS RANCH,CO 80126	84-1267213	501(C)3	25,000		N/A		CFPHE WILL PROVIDE THE FISCAL AGENCY AND ADMINISTRATION IN PARTNERSHIP WITH THE DRUG POLICY ALLIANCE TO ADVANCE A PUBLIC HEALTH APPROACH TO DRUG USE IN COLORADO BY HOSTING A ONE-DAY NEW DIRECTIONS CONFERENCE OUR OBJECTIVES ARE TO FAMILIARIZE STATEWIDE ST
COMMUNITY STUDIES OF NEW YORK155 WEST 72ND STREET SUITE 402 NEW YORK,NY 10023	13-3736055	501(C)3	10,625		N/A		"TO SUPPORT THE NEW YORKER FOR SAFETY AND HEALTH PROJECT, WHICH SEEKS TO END NEW YORK CITY'S MARIJUANA

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANCESAFE1440 BROADWAY STE 510 OAKLAND,CA 94612	94-3365608	501(C)3	15,000		N/A	1 '	TO SUPPORT THE 2013 CLUB HEALTH CONFERENCE
DIRECT ACTION FOR RIGHTS AND EQUALITY (DARE)340 LOCKWOOD STREET RHODE ISLAND,RI 02907	05-0422763	501(C)3	15,000		N/A		TO SUPPORT THE BEHIND THE WALLS PRISON COMMITTEE IN ITS COMMUNITY ORGANIZING EFFORT TO FIGHT FOR SYSTEMIC CHANGES IN THE CRIMINAL JUSTICE SYSTEM AND DRUG POLICY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRCNET FOUNDATION INC 1623 CONNECTICUT AVENUE WASHINGTON, DC 20009	52-2034867	501(C)3	15,000		N/A		GENERAL SUPPORT TO BE APPLIED TO THEIR ONLINE EDUCATIONAL PUBLISHING, SPECIFICALLY THE DRUG WAR CHRONICLE NEWSLETTER AND ALSO TO SUPPORT PHIL SMITH'S REPORTS FOR DRCNET
DRUG POLICY FORUM OF HAWAIIPO BOX 61233 HONOLULU,HI 96839	94-3263242	501(C)3	15,000		N/A		SUPPORT PARTIAL COMPENSATION FOR THE HALF-TIME EXECUTIVE DIRECTOR, AS WELL AS UNDERWRITING THE EXPENSES OF NEWSLETTERS BROCHURES, EVENT FLYERS, ARTICLES AND RESEARCH PAPERS TO DISTRIBUTE TO POLICY MAKERS AND OTHER PRINTED MATERIAL

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRUGTRUTH NETWORK 9539 PECAN GLEN COURT HOUSTON,TX 77040	76-0514790	501(C)3	15,000		N/A		TO COVER THE COSTS OF PRODUCING PROGRAMS, LOCATING AND RECRUITING HIGH QUALITY INTERVIEWEES AND TRAVELING CONFERENCES AND OTHER EVENTS WHERE DRUG WAR OPPONENTS AND BE INTERVIEWED
GEORGIA JUSTICE PROJECT438 EDGEWOOD AVE ATLANTA,GA 30312	58-1917659	501(C)3	20,000		N/A		TO FUND A PORTION OF THE EXPENSES TO PLAN AND HOST THE 2013 NEW SOUTHERN STRATEGY COALITION CONFERENCE (NSSC) IN DURHAN, NORTH CAROLINA SPECIFICALLY, A GRANT FROM DPA WILL PARTIALLY FUND TRAVEL, LODGING, CONFERENCE SPACE, FOOD, AND TRANSPORTATION COSTS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARM REDUCTION ACTION CENTER733 SANTA FE DRIVE DENVER, CO 80204	84-1493585	501(C)3	15,000		N/A		TO SUPPORT A PROJECT THAT WILL USE PHOTO GRAPHS AND OTHER MEDIA TO INFORM AND MOBILIZE COMPASSIONATE, TRADITIONALLY CONSERVATIVE COMMUNITY MEMBERS ON THE STIGMATIZATION OF HEALTHCARE ISSUES ENDEMIC TO POPULATIONS OF IDUS
HEALTH COMMUNITIES INITIATIVE401 EAST COLFAX SUITE 207 SOUTH BEND,IN 46617	35-1994551	501(C)3	15,000		N/A		COORDINATE A LOCAL DRUG POLICY REFORM WORKING GROUP, PULLING TOGETHER COALITION PARTNERS TO SET AND MOVE AN AGENDA FOR DRUG POLICY REFORM IN INDIANA THAT INCLUDES MARIJUANA DECRIM AND GOOD SAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS CONSORTIUM ON DRUG POLICY430 S MICHIGAN AVENUE CHICAGO,IL 60505	36-2167854	501(C)3	30,000		N/A		SUPPORT ANALYSIS OF THE NUMBER AND GEOGRAPHY OF CANNABIS ARRESTEES IN ORDER TO REFINE THE INFORMATION AND MESSAGING FOR ADVOCACY GROUPS WORKING TO DECRIMINALIZE CANNABIS STATEWIDE
ILLINOIS CONSORTIUM ON DRUG POLICY (FS ROOSEVELT UNIVERSITY) 430 S MICHIGAN AVENUE CHICAGO,IL 60605	36-2167854	501(C)3	16,722		N/A		INTRODUCE A GOOD SAMARITAN/NALOXONE BILL IN MISSOURI WITH THE GOAL TO REDUCE OD DEATHS IN MISSOURI

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUSTICE MAPPING SYSTEMS155 WASHINGTON AVE BROOKLYN,NY 11205	26-0228998	501(C)3	15,000		N/A		CONTACT (\$10,000/ \$5,000)TO HIGHLIGHT DRAMATIZE, AND OTHERWISE ILLUSTRATE KEY POINTS IN THE DPA/NYAM PENDING REPORT, "A PUBLIC HEALTH AND SAFETY APPROACH TO DRUG POLICY IN NEW YORK," THROUGH THE VISUAL DISPLAY OF QUANTITATIVE DATA AND RELATED INFORMATIO
JUSTICE STRATEGIES107 RIVER PARK DRIVE RARITAN,NJ 08869	94-3213100	501(C)3	25,000		N/A		TO CONTINUE TO PROVIDE INVALUABLE TECHNICAL ASSISTANCE ON POLICING AND SENTENCING ISSUES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARIJUANA MAJORITY (FS SSDP)1317 F STREET NW SUITE 501 WASHINGTON, DC 20004	52-2296291	501(C)3	14,316		N/A		MARIJUANA MAJORITY SEEKS FUNDS TO SUPPORT THE LAUNCH OF MARIJUANAMAJORITY COM, A WEBSITE THAT WILL SHOWCASE THE VARIOUS PROMINENT ORGANIZATIONS AND INDIVIDUALS THAT SUPPORT MARIJUANA POLICY REFORM
MOTHERS AGAINST TEEN VIOLENCE (MATV)2904 FLOYD STREET SUITE F DALLAS,TX 75204	75-2539186	501(C)3	25,000		N/A	1 '	GENERAL OPERATING SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ADVOCATES FOR PREGNANT WOMEN15 WEST 36TH STREET SUITE 901 NEW YORK, NY 10018	52-2282183	501(C)3	15,000		N/A		TO ENABLE NAPW TO PUT COCAINE PROPAGANDA ON TRAIL INSTEAD OF RENNIE GIBBS
NEW MEXICO WOMEN'S JUSTICE PROJECTPO BOX 25501 ALBUQUERQUE, NM 871255501	81-0548043	501(C)3	15,000		N/A		TO COMPENSATE STAFF TO ORGANIZE AND PARTICIPATE IN THE MARIJUANA REFORM CAMPAIGN, COMPENSATE STAFF TO BUILD SUPPORT FOR HARM REDUCTION MEASURES ON THE TASK FORCE AND IN THE LEGISLATURE, AND TO HELP BUILD GRASS ROOTS SUPPORT BY DEVELOPING A CURRICULUM AND

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 PO BOX 1376 DURHAM,NC 27709	20-3452075	501(C)3	15,000		N/A		TO SUPPORT THEIR COALITION WORK ON HARM REDUCTION AND DRUG POLICY REFORM SPECIFICALLY WITH REGARD TO ENLISTING LAW ENFORWMENT AND CONSERVATIVE ALLIES IN DRUG POLICY REFORM
NY ACADEMY OF MEDICINE1216 FIFTH AVENUE NEW YORK, NY 10029	13-1656674	501(C)3	40,000		N/A		TO IMPLEMENT THE RECOMMENDATIONS IN OUR FORTHCOMING BLUEPRINT FOR A PUBLIC HEALTH SAFETY APPROACH TO DRUG POLICY IN NEW YORK STATE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE VOICE MISSISSIPPI PO BOX 3886 JACKSON,MS 39207	02-0787550	501(C)3	15,000		N/A		TO FOCUS ITS ATTENTION ON THE STATE'S SENTENCING COMMISSION WHICH BRINGS TOGETHER A BROAD SWATH OF LAW ENFORCEMENT AND ADVOCATES
PROGESSIVE CHRISTIANS UNITING634 S SPRING ST SUITE 300 LOS ANGELES,CA 90014	95-4643127	501(C)3	15,000		N/A		FOR SUPPORT OF INTERFAITH JUSTICE NOT JAILS PROJECT-WORKING CLOSELY WITH THE DRUG POLICY ALLIANCE IN CALIFORNIA

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT LAZARUS (NORTHWEST COMMUNITY CARE NETWORK)PO BOX 15046 WINSTONSALEM,NC 271130046	27-0602284	501(C)3	15,000		N/A		TO SUPPORT DISPENSING NALOXONE TO THOSE AT RISK OF OVERDOSE
PROJECT SOUTH9 GAMMON AVE ATLANTA,GA 30315	58-1956686	501(C)3	20,000		N/A		TO SUPPORT THE VOTING RIGHTS PROJECT IN THE SOUTH THAT FOCUSES ON THE DRUG WAR AS A CHIEF MECHANISM CAUSING DISENFRANCHISEMENT

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROTECT FAMILIES FIRST FISCAL SPONSOR TH164 SUMMIT AVENUE PROVIDENCE,RI 02906	05-0377502	501(C)3	25,000		N/A		TO EXPAND A COALITION OF RHODE ISLAND DRUG POLICY REFORMERS WHO ADVOCATE FOR DRUG POLICIES THAT BETTER MEET THE NEEDS OF COMMUNITIES AND FAMILIES BY INCLUDING MORE PARENTS AND COMMUNITY LEADERS THIS LARGER COALITION WILL BE INSTRUMENTAL IN BOTH THE SUCCE
PUBLIC HEALTH FOUNDATION ENTERPRISES INC12801 CROSSROADS PARKWAY SOUTH 200 CITY OF INDUSTRY, CA 91746	95-2557063	501(C)3	15,000		N/A		TO ASSESS PHAMACY IMPLEMENTATION OF CALIFORNIA SENATE BILL (SB) 41 EFFECTIVE JANUARY 1, 2012 WHICH ALLOWS PHARAMACIES TO SELL UP TO 30 SYRINGES WITHOUR PRESCRIPTION AND WITHOUT PROOF OF MEDICAL NEED TO ANY PERSON AT LEAST 18 YEARS OF AGE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMUEL DEWITT PROCTOR CONFERENCE 4533 S LAKE PARK CHICAGO,IL 60653	06-1707903	501(C)3	10,000		N/A		TO SUPPORT THE SAMUEL DEWITT PROCTOR CONFERENCE HELD IN DALLAS, FEBRUARY 18-21, 2013
SAN FRANCISCO DRUG USERS' UNION (FS HARM REDUCTION THERAPY CENTER)1015 MARTIN LUTHER KING JR WAY OAKLAND,CA 94607	94-3363781	501(C)3	50,000		N/A		TO SUPPORT BASIC INFRASTRUCTURE STAFF SALARIES, VOLUNTEER STIPENDS,OCCUPANCY COSTS FOR DRUG USER SPACE, AND MATERIALS AND SUPPLIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENSIBLE COLORADOPO BOX 18942 DENVER,CO 802180768	33-1099047	501(C)3	15,000		N/A		THIS PROJECT WILL FOCUS ON ENACTING LOCAL ORDINANCES FOR ADULT MARIJUANA REGULATION IN STRATEGIC COMMUNITIES ACROSS COLORADO THESE COMMUNITIES WILL BE THE FIRST LOCALITIES IN HISTORY TO REGULATE THE ADULT SALE OF MARIJUANA AND WILL SERVE AS A MODEL FOR C
SOUTHERN COALITION FOR SOCIAL JUSTICE1415 WEST HIGHWAY 54 SUITE 101 DURHAM,NC 27707	26-0688375	501(C)3	15,000		N/A		WE REQUEST FUNDING FOR A CAMPAIGN TO ADVOCATE FOR THE RECLASSIFICATION OF MARIJUANA, CURRENTLY A MISDEMEANOR, TO A NON-CRIMINAL INFRACTION THE PROJECT WILL ACHIEVE THIS GOAL BY EDUCATING, EMPOWERING, AND CONNECTING A BROAD COALITION OF ADVOCATES WHO WILL

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STUDENTS FOR SENSIBLE DRUG POLICY1317 F STREET NW SUITE 501 WASHINGTON, DC 20004	52-2296291	501(C)3	10,000		N/A		TO ORGANIZE A TRAINING LOBBY DAY IN WASHINGTON THAT WILL KICK OFF A GRASSROOTS CONTACT CAMPAIGN THAT (1) GETS MEMBERS OF CONGRESS ON THE RECORD ABOUT MARIJUANA POLICY ISSUES AND THAT (2) CONNECTS MEMBERS OF CONGRESS TO THEIR CONSTITUENTS AND TO OUR BEST S
THE CENTER FOR PRISONER HEALTH AND HUMAN RIGHTS8 THIRD STREET 2ND FLOOR PROVIDENCE,RI 02906	05-0377502	501(C)3	18,544		N/A		THE REQUESTED FUNDING WILL BE USED TO HOLD THE DRUG POLICY ALLIANCE'S NEW DIRECTIONS CONFERENCE IN RHODE ISLAND ON DECEMBER 7, 2012 THE CONFERENCE WILL RAISE AWARENESS IN RHODE ISLAND ABOUT THE IMPACT OF THE DRUG WAR ON YOUNG PEOPLE, FAMILIES, AND COMMUN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DEFENDERS ASSOCIATION810 THIRD AVENUE SUITE 800 SEATTLE, WA 94607	91-0852323	501(C)3	25,000		N/A		"TO FUND THEIR PROGRAM MANAGER FUNCTION FOR THE LAW ENFORCEMENT DIVERSION (LEAD) PROJECT, AND TO SUPPORT COMMUNICATION ABOUT LEAD TO INTERESTEDJURISDICTIONS AROUND THE COUNTRY (AND
THE ORDINARY PEOPLE SOCIETY (TOPS)403 WEST POWELL STREET DOTHAN,AL 36303	82-0587071	501(C)3	35,000		N/A		LEADERSHIP TEAM OF THE NATIONAL FORMERLY INCARCERATED AND CONVICTED PEOPLE'S MOVEMENT, AND LEADING SOUTHERN EFFORT IN THIS AREA TO CONNECT THE DRUG WAR AND MASS INCARCERATION WITH FELONY DISFRANCHISEMENT, ADVOCATING FOR VICTIMS OF DRUG WAR INJUSTICES IN

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PEOPLE'S HARM REDUCTION ALLIANCEPO BOX 85038 SEATTLE, WA 98145	35-2307112	501(C)3	15,000		N/A		TO HELP TRANSFORM THE URBAN SURVIVORS UNION INTO A FEDERALLY RECOGNIZED NOT- FOR-PROFIT ORGANIZATION
UPFRONT PROGRAMS2329 CAMINITO RECODO SAN DIEGO,CA 92107	39-6647700	501(C)3	15,000		N/A		TO CONTINUE IN A CONTRACTUAL RELATIONSHIP WITH THE NYPO, THE CONDUIT THROUGH WHICH THE ORGANIZATION IS WORKING TO RE- DEFINE OUR ROLE AS LEADERS IN THE AREA OF YOUNG PEOPLE AND DRUG LAW REFORM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOCAL (FS NYC AIDS HOUSING NETWORK - NYCAHN)80-A FOURTH AVENUE BROOKLYN,NY 11217	13-4094385	501(C)3	60,625		N/A		VOCAL IS THE PIVOTAL ALLY ON A RANGE OF ISSUES - MARIJUANA ARRESTS, THE SUPERVISED INJECTION SITE WITH CITIWIDE HARM REDUCTION, OVERDOSE, AND MORE THEIR ROLE IN THE PUBLIC EDUCATION CAMPAIGN THAT WILL ACCOMPANY THIS EFFORT IT BSOLUTELY VITAL ALSO, TO SU
WILLIAM C VELASQUEZ 2914 NORTH MAIN 1ST FLOOR LOS ANGELES,CA 90031	74-2378901	501(C)3	25,000		N/A	N/A	TO EXPAND ITS PUBLIC ADVOCACY OF HEALTH- CENTERED DRUG POLICY REFORMS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAM C VELASQUEZ INSTITUTE1426 EL PASO STREETM STE A SAN ANTONIO,TX 78207	74-2378901	501(C)3	16,000		N/A	N/A	WCVI PROPOSES TO CONDUCT AN INTENSE ADVOCACY CAMPAIGN OF EDUCATIONAL AND OUTREACH ACTIVITIES PROMOTING MEDICAL MARIJUANA LEGISLATION IN THE 8 3RD TEXAS LEGISLATIVE SESSION
WOMEN ON THE RISE TELLING HER STORY (WORTH)171 EAST 122ND STREET SUITE 2R NEW YORK,NY 10035	13-5563028	501(C)3	15,000		N/A		TO RAISE AWARENESS ABOUT THE IMPACT OF DRUG AND HEALTH POLICIES ON WOMEN WORTH WILL ORGANIZE A FORUM SPECIFICALLY ON WOMEN, DRUG POLICIES AND PUBLIC HEALTH THAT COMPLEMENTS THE UPCOMING DPA/NYAM REPORT A POLICY ADVISORY GROUP WILL EMERGE TO ADDRESS WOME

roim 550,5chedule 1, rui	t II, Grants an	a other Assistance	, to dovernments	ana organización	5 III the officea ota	1000	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN WITH A VISION 215 N JEFF DAVIS PARKWAY NEW ORLEANS, LA 70119	72-1202185	501(C)3	15,000		N/A		TO CONTINUE COMMUNITY AWARENESS AND MOBILIZATION EFFORTS FOCUSED ON THE EFFECTS OF THE US'S DRUG WAR
YOUNG WOMEN UNITEDPO BOX 8490 ALBUQUERGUE,NM 87108	85-0481224	501(C)3	8,000		N/A		YOUNG WOMEN UNITED (YWU) IS REQUESTING FUNDING TO SUPPORT OUR EFFORTS IN 1) BUILDING THE POLITICAL ENGAGEMENT OF WOMEN WHO HAVE EXPERIENCED PREGNANCY WHILE SUBSTANCE USING, SPECIFICALLY DEVELOPING THE CAPACITY OF THESE WOMEN TO BECOME LEADERS AND ACTIVIST

DLN: 93493104010454

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

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DRUG I	РОЦС	y ali	LANC	E

Employer identification number

52-1516692

Pa	Questions Regarding Compensation			
			Yes	No
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			
	First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence			
	Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	Total services (e.g., maid, endined)			
ь	If any of the boxes in 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	1b		
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?	2		
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, but explain in Part III			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
	Approval by the board of 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			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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			
а	The organization?	5a		No
b	Any related organization?	5b		No
	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			
а	The organization?	6a		No
b	Any related organization?	6b		No
	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	_		١.,
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations	Ť		
-	section 53 4958-6(c)?	9		1

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

For each individual whose compensation must be reported 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 and Title		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
(1)ETHAN NADELMANN EXECUTIVE DIRECTOR	(i) (ii)	257,966 0	-	0	26,583 0	9,177 0	293,726 0	0
(2)STEPHEN GUTWILLIG STATE DIR OF CALIFORNIA	(i) (ii)	136,820 0	0	0	14,000	6,451 0	157,271 0	0

Schedule J (Form 990) 2012

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

Identifier Return Reference

Schedule J (Form 990) 2012

Explanation

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DLN: 93493104010454

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Noncash Contributions

Name of the organization DRUG POLICY ALLIANCE

Employer identification number

	Turner of D				52-1516692			
Pa	rt I Types of Property	(a) Check ıf	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on	Method of c noncash contril	letermi	_	ts
		applicable		Form 990, Part VIII, line 1g				
1	Art—Works of art	X	67		N/A			
	Art—Historical treasures .		<u> </u>					
	Art—Fractional Interests							
4	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	5	666,642	FMV			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution—Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
26	O ther ►()							
27	O ther ▶()							
	O ther ▶ ()				<u> </u>			
29	Number of Forms 8283 received for which the organization comple				29			
20-	During the year did the errors	tion roco	a by contribution any pro-	arty reported in Dart I Jones	1 - 2 9 +b >+ ++		Yes	No
ova	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	a to be usea			
	for exempt purposes for the enti					30a		No
Ь	If "Yes," describe the arrangem							
31	Does the organization have a gi					31	<u> </u> 	Νo
32a	Does the organization hire or us contributions?	e third part • • •	es or related organizations	to solicit, process, or sell	noncash • • •	32a		No
Ь	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	t an amount	in column (c) for a type of	property for which column (a) is checked,			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Harriser of Refine Fe	hamber of items received, or a combination of bean rise complete this part for any additional information							
Identifier	Return Reference	Explanation						
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	, , , ,	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I COLUMN (B)						

Schedule M (Form 990) (2012)

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As Filed Data -

DLN: 93493104010454

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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

2012

Open to Public

Inspection

Name of the organization
DRUG POLICY ALLIANCE

Employer identification number

52-1516692

ldentifier	Return Reference	Explanation
	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 VIA E-MAIL 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 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

Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
	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 COMPENSATION DECISION IS THEN E-MAILED TO HR FOR PAYROLL UPDATES AND RECORD KEEPING. 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. THIS PROCESS WAS LAST COMPLETED JUNE 2013.

Identifier	Return Reference	Explanation
	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 THE 990 IS ALSO MADE AVAILABLE TO THE PUBLIC UPON REQUEST BY WRITING OR CALLING THE ORGANIZATION DIRECTLY

Identifier	Return Reference	Explanation
	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 ITS WEBSITE AS WELL AS GUIDESTAR ORG AND OTHER SIMILAR WEBSITES

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	GRANT REFUNDS 4,405

ldentifier	Return Reference	Explanation
OVERSIGHT OF AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT	FORM 990, PART XII, LINE 2C	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