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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 06-01-2013, 2013, and ending 05-31-2014

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DRUG POLICY ALLIANCE		D Employer identification number 52-1516692
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 131 W 33RD STREET 15TH FLOOR	Room/suite	E Telephone number (212) 613-8040
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10001		G Gross receipts \$ 6,972,085
F Name and address of principal officer ETHAN NADELMANN 131 W 33RD STREET 15TH FLOOR NEW YORK, NY 10001		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ HTTP //WWW.DRUGPOLICY.ORG/			

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 2000	M State of legal domicile DC
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Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities DRUG POLICY ALLIANCE SUPPORTED DRUG POLICY AND LEGAL REFORMS AT THE NATIONAL LEVEL AND IN ALL STATES DRUG POLICY ALLIANCE'S ADVOCACY GRANTS PROGRAM ALSO PROVIDED APPROXIMATELY \$1,100,000 MILLION TO PARTNER ORGANIZATIONS AT THE NATIONAL AND LOCAL LEVELS IN SUPPORT OF THEIR EFFORTS TO REFORM DRUG POLICY		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	3	17	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16	
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	74	
6 Total number of volunteers (estimate if necessary)	6	16	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 8,899,787	Current Year 6,227,328
	9 Program service revenue (Part VIII, line 2g)	151,163	420,442
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,105	22,365
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,361	137,535
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,055,694	6,807,670
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,156,507	1,122,308
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,400,503	5,891,018
	16a Professional fundraising fees (Part IX, column (A), line 11e)	81,500	66,000
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,073,812		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,529,939	5,091,593
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,168,449	12,170,919
	19 Revenue less expenses Subtract line 18 from line 12	-2,112,755	-5,363,249
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 46,498,673
21 Total liabilities (Part X, line 26)		3,783,532	3,967,493
22 Net assets or fund balances Subtract line 21 from line 20		42,715,141	4,044,196

Part II

Signature Block

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

Sign Here	*****		2015-03-16				
	Signature of officer		Date				
Paid Preparer Use Only	Prnt/Type preparer's name GARRETT HIGGINS		Preparer's signature		Date 2015-03-16	Check <input type="checkbox"/> if self-employed	PTIN P00543209
	Firm's name ▶ O'CONNOR DAVIES LLP					Firm's EIN ▶ 27-1728945	
	Firm's address ▶ 665 FIFTH AVENUE NEW YORK, NY 10022					Phone no (212) 286-2600	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐

1

Briefly describe the organization’s mission

THE DRUG POLICY ALLIANCE ENVISIONS A JUST SOCIETY IN WHICH THE USE AND REGULATION OF DRUGS ARE GROUNDED IN SCIENCE, COMPASSION, HEALTH, AND HUMAN RIGHTS, IN WHICH PEOPLE ARE NO LONGER PUNISHED FOR WHAT THEY PUT INTO THEIR OWN BODIES BUT ONLY FOR CRIMES AGAINST OTHERS, AND IN WHICH THE FEARS, PREJUDICES, AND PUNITIVE PROHIBITIONS OF TODAY ARE NO MORE OUR MISSION IS TO ADVANCE THOSE POLICIES AND ATTITUDES THAT BEST REDUCE THE HARMS OF BOTH DRUG USE AND DRUG PROHIBITION, AND TO PROMOTE THE SOVEREIGNTY OF INDIVIDUALS OVER THEIR MINDS AND BODIES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4






















Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 6,398,490 including grants of \$) (Revenue \$ 409,086)
	PUBLIC POLICY AND LEGAL AFFAIRS- THE DRUG POLICY ALLIANCE SEEKS TO FUNDAMENTALLY TRANSFORM THE WAY SOCIETY THINKS ABOUT AND ADDRESSES DRUGS, THE PEOPLE WHO USE THEM, AND THE MARKETS THROUGH WHICH THEY ARE AVAILABLE WE ADVOCATE A WHOLESALE CHANGE OF DRUG POLICY - AN END TO THE WAR ON DRUGS - BASED ON OUR ORGANIZATIONAL VALUES OF REASON, COMPASSION, JUSTICE, FREEDOM, AND RESPONSIBILITY MOST GENERALLY, OUR GOAL IS TO SHIFT THE U S RESPONSE TO DRUGS FROM A PUNITIVE CRIMINAL JUSTICE MODEL TO ONE BASED ON PUBLIC HEALTH AND HUMAN RIGHTS WHILE OUR WORK ADDRESSES THE WIDE RANGE OF SOCIAL, POLITICAL, AND ECONOMIC ISSUES TOUCHED BY THE WAR ON DRUGS, NEARLY ALL OF OUR EFFORTS FALL UNDER FOUR SUBSTANTIVE ISSUE AREAS REFORMING THE CRIMINAL JUSTICE SYSTEM, EMPOWERING PUBLIC HEALTH APPROACHES, REFORMING CANNABIS POLICY, AND PROMOTING EFFECTIVE DRUG EDUCATION FOR YOUTH THE DRUG POLICY ALLIANCE SUPPORTS INCREMENTAL POLICY AND LEGAL REFORMS AT THE LOCAL, STATE, AND FEDERAL LEVELS THAT CAN BE ACCOMPLISHED OVER THE NEXT FEW YEARS, WITH THE GOAL THAT EACH REFORM 1) CREATES REAL AND MEASURABLE BENEFITS FOR PEOPLE WHO HAVE BEEN OR WOULD BE UNJUSTLY VICTIMIZED BY THE WAR ON DRUGS, THEREBY REDUCING THE DEATH, DISEASE, CRIME, AND SUFFERING ASSOCIATED WITH BOTH DRUG USE AND DRUG PROHIBITION, 2) BUILDS POLITICAL CONSCIOUSNESS AMONG OTHER ORGANIZATIONS AND THE PUBLIC REGARDING THE NEED TO REFORM DRUG POLICIES, AND 3) ADVANCES OUR LONG-TERM VISION OF A SOCIETY IN WHICH CRIMINALIZATION AND CRIMINAL JUSTICE INSTITUTIONS PLAY A MINIMAL ROLE IN DEALING WITH DRUGS, DRUG USERS, AND DRUG MARKETS THE DRUG POLICY ALLIANCE IS CURRENTLY MOST ACTIVE AT THE FEDERAL LEVEL AND IN CALIFORNIA, COLORADO, NEW JERSEY, NEW MEXICO, NEW YORK, AND WASHINGTON, D C
4b	(Code) (Expenses \$ 1,281,554 including grants of \$ 1,122,308) (Revenue \$)
	GRANTS- THE DRUG POLICY ALLIANCE'S ADVOCACY GRANTS PROGRAM ADVANCES DRUG POLICY REFORM AT THE LOCAL, STATE, AND NATIONAL LEVELS BY STRATEGICALLY FUNDING SMALLER AND GEOGRAPHICALLY LIMITED ORGANIZATIONS AND PROJECTS IT HAS THREE FUNDING TRACKS THE FIRST IS PROMOTING POLICY CHANGE, THROUGH WHICH WE AWARDED APPROXIMATELY \$750,000 MILLION THE SECOND, TOTALING APPROXIMATELY \$400,000, IS RAPID RESPONSE/SPECIAL OPPORTUNITIES, THROUGH WHICH WE AWARDED SMALLER GRANTS TO TIME-SENSITIVE PROJECTS THE THIRD IS A DISCRETIONARY FUND OF APPROXIMATELY \$20,000, THROUGH WHICH WE AWARD SMALL GRANTS OF UP TO \$2,500 WE ALSO ALLOCATE FUNDS TO BRING TOGETHER GRANTEEES ANNUALLY TO IMPROVE THE COORDINATION AMONG ORGANIZATIONS AND WITH THE DRUG POLICY ALLIANCE'S PROGRAMS
4c	(Code) (Expenses \$ 1,625,184 including grants of \$) (Revenue \$ 11,356)
	COMMUNICATIONS- THE DRUG POLICY ALLIANCE INITIATES AND SHAPES LOCAL, NATIONAL, AND INTERNATIONAL DIALOGUE ON DRUG POLICY REFORM, EXPOSING THE PUBLIC TO OUR MESSAGES AND GENERATING EARNED MEDIA EACH YEAR EQUIVALENT IN IMPACT TO WHAT WOULD COST MILLIONS OF DOLLARS IN PAID ADVERTISING OUR PUBLIC RELATIONS EFFORTS SUPPORT OUR LOCAL AND NATIONAL PROGRAMS AND PROJECTS, HELP SMALLER ORGANIZATIONS PROMOTE THEIR OWN CAMPAIGNS, AND TAKE ADVANTAGE OF BREAKING NEWS TO PROVOKE DEBATE FRAMED BY OUR MISSION AND VISION WE PUBLISH BOOKLETS AND OTHER MATERIALS ON CUTTING EDGE DRUG POLICY ISSUES, AND COLLABORATE WITH ALLIED ORGANIZATIONS IN PRODUCING ASSESSMENTS OF STATE AND FEDERAL DRUG AND CRIME POLICIES THE LINDESMITH LIBRARY, HOUSED IN OUR NEW YORK OFFICE AND OPEN TO THE PUBLIC, IS AMONG THE WORLD'S LEADING REPOSITORIES OF PRINT AND OTHER MEDIA MATERIALS ABOUT DRUGS AND DRUG POLICY, AND HAS EMERGED AS THE DE FACTO ARCHIVES OF THE HARM REDUCTION AND DRUG POLICY REFORM MOVEMENTS WHILE OUR PRIORITY IN OUR PUBLIC EDUCATION WORK IS TO BUILD SUPPORT FOR SHORT-TERM STATE CAMPAIGNS, WE ALSO SEEK TO ENGAGE IN LONGER-TERM CAMPAIGNS TO EDUCATE PEOPLE MORE BROADLY ABOUT OUR MISSION AND VISION WE USE MARKETING TO PROMOTE DPA'S "BRAND" AS THE LEADING ORGANIZATION ADVANCING ALTERNATIVES TO THE WAR ON DRUGS
	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	OTHER PROGRAM SERVICES INCLUDE- CONFERENCES, HEALTH AND HARM REDUCTION, TREATMENT AND PREVENTION, AND SPECIAL PROJECTS
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 9,305,228

Form 990 (2013)

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 	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 I 	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 	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	No
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		
a 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	No
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	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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 "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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 "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	68	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	74	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b 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.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a 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	
b 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.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		14b	

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.

Check if Schedule O contains a response or note to any line in this Part VI

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 year	17	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
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 rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
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?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, ID, 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
18	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. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	RYAN CHAVEZ DIR OF FINANCE AND ADMIN 131 W 33RD STREET 15TH FLOOR NEW YORK, NY 10001 (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 or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

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

List all of the organization's **former** officers, key employees, 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) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) IRA GLASSER PRESIDENT	2 00	X		X				0	0	0
(2) REV EDWIN SANDERS SECRETARY	2 00	X		X				0	0	0
(3) RICHARD B WOLF TREASURER	2 00	X		X				0	0	0
(4) ETHAN NADELMANN EXECUTIVE DIRECTOR	40 00	X		X				267,477	0	44,993
(5) CARL HART PHD DIRECTOR	1 00	X						0	0	0
(6) JODIE EVANS DIRECTOR	1 00	X						0	0	0
(7) JAMES E FERGUSON II DIRECTOR	1 00	X						0	0	0
(8) MATHILDE KRIM PHD DIRECTOR	2 00	X						0	0	0
(9) PAMELA LICHTY DIRECTOR	1 00	X						0	0	0
(10) ROBERT NEWMAN MD DIRECTOR	2 00	X						0	0	0
(11) GEORGE SOROS DIRECTOR	1 00	X						0	0	0
(12) DR CHRISTINE DOWNTON DIRECTOR	1 00	X						0	0	0
(13) JASON FLOM DIRECTOR	1 00	X						0	0	0
(14) JOHN VASCONCELLOS DIRECTOR THROUGH 5/14	1 00	X						0	0	0
(15) ILONA SZABO DE CAVALHO DIRECTOR	1 00	X						0	0	0
(16) THE HON LARRY CAMPBELL DIRECTOR	1 00	X						0	0	0
(17) DAVID C LEWIS MD DIRECTOR	1 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL SKOLNIK DIRECTOR	1 00	X						0	0	0
(19) RYAN CHAVEZ DIR OF FINANCE AND ADMIN	40 00			X				129,072	0	22,430
(20) STEPHEN GUTWILLIG DEPUTY EXECUTIVE DIR OF PROGRAM	40 00			X				142,091	0	24,466
(21) JILL HARRIS MANAGING DIRECTOR - PUBLIC	40 00					X		131,854	0	17,862
(22) CLOVIS THORN MANAGING DIRECTOR - FUNDRAISING	40 00					X		110,651	0	21,037
(23) TONY NEWMAN DIRECTOR, MEDIA RELATIONS	40 00					X		107,401	0	25,061
(24) ROSEANNE SCOTTI STATE DIR OF NEW JERSEY	40 00					X		111,600	0	19,815
(25) BILL PIPER DIRECTOR, NATIONAL AFFAIRS	40 00					X		104,134	0	18,007
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,104,280	0	193,671

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶8			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
	(A) Name and business address	(B) Description of services	(C) Compensation
	BEVERIDGE SEAY INC 200 P STREET NW SUITE 700 WASHINGTON DC 20036	DESIGN CONSULTANT	129,589
	HELMSBRISCOE RESOURCEONE 2875 B 90TH PLACE SCOTTSDALE AZ 85255	CONFERENCE CONSULTANT	122,164
	AB DATA PO BOX 170062 MILWAUKEE WI 53217	FUNDRAISING CONSULTANT	110,234
	MALKIN & ROSS 80 STATE STREET ALBANY NY 12207	NEW YORK LOBBYIST	108,746
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶4		

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b	1,015,453			
	c	Fundraising events 1c	15,100			
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	5,196,775			
	g	Noncash contributions included in lines 1a-1f \$	110,597			
	h	Total. Add lines 1a-1f	6,227,328			
Program Service Revenue	Business Code					
	2a	REGISTRATION AND CONFE	611710	409,086	409,086	
	b	PUBLICATIONS AND VIDEO	611710	11,356	11,356	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	420,442			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	8,019			8,019
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	(i) Real (ii) Personal					
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	(i) Securities (ii) Other					
	7a	Gross amount from sales of assets other than inventory	173,952			
	b	Less cost or other basis and sales expenses	159,606			
	c	Gain or (loss)	14,346			
	d	Net gain or (loss)	14,346			14,346
	8a	Gross income from fundraising events (not including \$ 15,100 of contributions reported on line 1c) See Part IV, line 18				
	a		1,700			
	b	Less direct expenses b	4,809			
	c	Net income or (loss) from fundraising events	-3,109			-3,109
	9a	Gross income from gaming activities See Part IV, line 19				
	a					
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	a					
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code					
	11a	DRUG POLICY ACTION ADM	900099	113,451		113,451
	b	OTHER REIMBURSEMENT	900099	26,322		26,322
	c	HONORARIUMS AND REBATE	900099	510		510
	d	All other revenue		361		361
	e	Total. Add lines 11a-11d	140,644			
	12	Total revenue. See Instructions	6,807,670	420,442	0	159,900

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	1,120,808	1,120,808		
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.	1,500	1,500		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	636,543	320,814	245,307	70,422
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.	4,161,230	3,041,202	819,315	300,713
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	266,254	181,161	68,136	16,957
9	Other employee benefits.	462,261	370,917	66,095	25,249
10	Payroll taxes.	364,730	259,029	77,388	28,313
11	Fees for services (non-employees):				
a	Management.	11,423	3,550	4,573	3,300
b	Legal.	27,188	2,000	25,188	
c	Accounting.	39,829		39,829	
d	Lobbying.	502,721	502,721		
e	Professional fundraising services. See Part IV, line 17.	66,000			66,000
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.	436,040	436,040		
13	Office expenses.	906,197	546,227	106,575	253,395
14	Information technology.	95,373	84,842	7,170	3,361
15	Royalties.	14,875			14,875
16	Occupancy.	630,973	409,574	173,165	48,234
17	Travel.	502,483	464,368	25,992	12,123
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	790,305	762,810	7,421	20,074
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	69,667	44,053	16,557	9,057
23	Insurance.	57,853	4,744	53,109	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	PROGRAM FEES	627,285	574,735	43,090	9,460
b	FUNDRAISING EXPENSE	185,558			185,558
c	BALLOT INITIATIVES	112,400	112,400		
d	MEMBERSHIP/SUBSCRIPTION	70,721	61,733	2,267	6,721
e	All other expenses	10,702		10,702	
25	Total functional expenses. Add lines 1 through 24e.	12,170,919	9,305,228	1,791,879	1,073,812
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	416,167	137,841	0	278,326

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

☒

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		157,660	1	68,374
	2	Savings and temporary cash investments		3,654,627	2	804,147
	3	Pledges and grants receivable, net		37,001,808	3	867,051
	4	Accounts receivable, net		71,091	4	39,598
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		60,965	9	41,851
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a6,087,843			
	b	Less accumulated depreciation	10b465,954	5,529,813	10c	5,621,889
	11	Investments—publicly traded securities			11	504,070
	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		22,709	15	64,709
	16	Total assets. Add lines 1 through 15 (must equal line 34)		46,498,673	16	8,011,689
Liabilities	17	Accounts payable and accrued expenses		767,772	17	1,021,643
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,015,760	23	2,945,850
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		3,783,532	26	3,967,493
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		6,865,876	27	1,918,247
	28	Temporarily restricted net assets		35,849,265	28	2,125,949
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		42,715,141	33	4,044,196
	34	Total liabilities and net assets/fund balances		46,498,673	34	8,011,689

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,807,670
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,170,919
3	Revenue less expenses Subtract line 2 from line 1	3	-5,363,249
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42,715,141
5	Net unrealized gains (losses) on investments	5	1,412
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	-33,309,108
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,044,196

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,402,823	9,039,672	13,319,498	8,899,787	6,227,328	45,889,108
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,402,823	9,039,672	13,319,498	8,899,787	6,227,328	45,889,108
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						22,105,224
6 Public support. Subtract line 5 from line 4						23,783,884

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	8,402,823	9,039,672	13,319,498	8,899,787	6,227,328	45,889,108
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,654	16,995	11,758	18,546	8,019	84,972
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.)	5,292	446,117	16,251	697	140,644	609,001
11	Total support (Add lines 7 through 10)						46,583,081
12	Gross receipts from related activities, etc. (see instructions)					12	1,862,455
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	51.060 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	32.350 %
16a	33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. 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	
Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2009 AMOUNT \$ 5,292 2011 AMOUNT \$ 16,251 2013 AMOUNT \$ 361 HONORARIUMS AND REBATE - 2012 AMOUNT \$ 697 2013 AMOUNT \$ 510 OTHER REIMBURSEMENT - 2010 AMOUNT \$ 269,769 2013 AMOUNT \$ 26,322 DRUG POLICY ACTION ADMIN FEE - 2013 AMOUNT \$ 113,451 TAX REFUND - 2010 AMOUNT \$ 3,823 PROP 19 CAMPAIGN - 2010 AMOUNT \$ 172,525

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.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

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2013

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If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
--	--

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

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

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

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

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

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

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		14,869													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		604,705													
c Total lobbying expenditures (add lines 1a and 1b)		619,574													
d Other exempt purpose expenditures		10,477,533													
e Total exempt purpose expenditures (add lines 1c and 1d)		11,097,107													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		704,855													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		176,214													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	541,707	577,479	651,341	704,855	2,475,382
b Lobbying ceiling amount (150% of line 2a, column(e))					3,713,073
c Total lobbying expenditures	273,989	286,765	556,622	619,574	1,736,950
d Grassroots nontaxable amount	135,427	144,370	162,835	176,214	618,846
e Grassroots ceiling amount (150% of line 2d, column (e))					928,269
f Grassroots lobbying expenditures	7,485	11,406	13,846	14,869	47,606

Part II-B

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

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

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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.

Return Reference	Explanation

Part IV

Return Reference

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

☐ 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

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part 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.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,340,092		4,340,092
c Leasehold improvements		895,565	52,333	843,232
d Equipment		802,276	413,621	388,655
e Other		49,910		49,910
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,621,889

Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	6,813,891
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,412
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	4,809
e	Add lines 2a through 2d	2e	6,221
3	Subtract line 2e from line 1	3	6,807,670
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	6,807,670

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	12,175,728
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	4,809
e	Add lines 2a through 2d	2e	4,809
3	Subtract line 2e from line 1	3	12,170,919
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	12,170,919

Part XIII

Supplemental Information

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.

Return Reference	Explanation
PART X, LINE 2	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 2010.
PART XI, LINE 2D - OTHER ADJUSTMENTS	EVENT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B 4,809
PART XII, LINE 2D - OTHER ADJUSTMENTS	EVENT EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B 4,809
PART XII, LINE 4B - OTHER ADJUSTMENTS	GRANT REFUNDS NETTED AGAINST GRANT EXPENSE

[illegible]

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization DRUG POLICY ALLIANCE	Employer identification number 52-1516692
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

a <input checked="" type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of non-government grants
b <input checked="" type="checkbox"/> Internet and email solicitations	f <input checked="" type="checkbox"/> Solicitation of government grants
c <input checked="" type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 AB DATA PO BOX 170062 MILWAUKEE, WI 532178000	DIRECT MAILINGS		No	1,015,453	66,000	949,453
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				1,015,453	66,000	949,453

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

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

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

		(a) Event #1 <u>AMERICA'S CUP VIEWING PARTY</u> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	16,800		16,800
	2	Less Contributions . .	15,100		15,100
	3	Gross income (line 1 minus line 2)	1,700		1,700
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . .			
	6	Rent/facility costs . .			
	7	Food and beverages .	3,241		3,241
	8	Entertainment			
	9	Other direct expenses .	1,568		1,568
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			
					(4,809)
					-3,109

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

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

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

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

Name ▶ _____

Address ▶ _____

16

Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

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

b

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

Part IV

Supplemental Information. 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).

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	A B DATA, LTD WAS RETAINED FOR THE CHARITABLE PURPOSE OF FUNDRAISING SOLICITATION THROUGH DIRECT MAILING TO ASSIST DPA'S WORK IN BROADENING THE PUBLIC DEBATE ON DRUG POLICY AND TO PROMOTE REALISTIC ALTERNATIVES TO WAR ON DRUGS BASED ON SCIENCE, COMPASSION, PUBLIC HEALTH AND HUMAN RIGHTS THE ORGANIZATION DISTINGUISHES BETWEEN PAYMENT FOR CONSULTING FEES AND EXPENSE REIMBURSEMENT WITH A B DATA BASED ON SPECIFIC CONTRACT ARRANGEMENTS AND ITEMIZED INVOICING IN ADDITION TO THE \$66,000 OF CONSULTANT FEES PAID, A B DATA ALSO RECEIVED ADDITIONAL AMOUNTS OF \$448,576 AS REIMBURSEMENT FOR EXPENSES INCURRED

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
DRUG POLICY ALLIANCE

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number

52-1516692

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 52

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

Part III

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

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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 \$400,000 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 COMPRISED OF A DPA BOARD MEMBER, COMMUNITY LEADERS, AND DPA'S EXECUTIVE DIRECTOR THE COMMITTEE IS ULTIMATELY RESPONSIBLE FOR MAKING AWARD DECISIONS THE PROGRAM STAFF MAINTAINS COMMUNICATION WITH THE GRANTEES THROUGHOUT THE YEAR, AND THE GRANT RECIPIENT ORGANIZATIONS ATTEND AN ANNUAL PARTNERS MEETING TO DISCUSS THEIR PROJECTS AND OUTCOMES AT THE END OF THE GRANT CYCLE, ALL GRANTEES SUBMIT A FINAL NARRATIVE AND EXPENDITURE REPORT

Additional Data

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A BETTER WAY FOUNDATION PO BOX 942 HARTFORD, CT 06101	06-1576383	501(C)3	27,500		N/A	N/A	TO SUPPORT A COMMUNITY MEETING OF THE FORMERLY INCARCERATED PEOPLE'S MOVEMENT AT THE 2013 REFORM CONFERENCE IN DENVER

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A NEW PATH 2527 DOUBLETREE ROAD SPRING VALLEY, CA 91978	33-0883927	501(C)3	40,000		N/A	N/A	TO SUPPORT THEIR MOMS UNITED TO END THE WAR ON DRUGS NATIONAL CAMPAIGN THEIR OBJECTIVE IS TO USE THE VOICES OF MOTHERS AND PARENTS TO DEMAND AN END TO THE DEVASTATION CREATED BY THE WAR ON DRUGS AND TO SEEK THERAPEUTIC ALTERNATIVES AND RESTORATIVE POLICIES

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTERNET 77 FEDERAL PLAZA FLOOR 2 SAN FRANCISCO,CA 94107	52-1309876	501(C)3	25,000		N/A	N/A	TO CONTINUE THEIR ANALYSIS AND OUTREACH EFFORTS ON BEHALF OF DRUG REFORM- INCLUDING THEIR LONG-STANDING PARTNERSHIP WITH THE DRUG POLICY ALLIANCE-WITH A WIDE ARRAY OF WRITERS PROMOTING ARTICLES FEATURING THE MOST UP TO DATE, RELEVANT NEWS AND ANALYSIS ON THE DRUG WAR AND PROMOTING IT TO THEIR VERY LARGE READERSHIP THROUGH SOCIAL MEDIA

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROKEN NO MORE 42-335 WASHINGTON STREET SUITE F 175 PALM DESERT, CA 92211	01-0974081	501(C)3	15,000		N/A	N/A	TO FOLLOW UP OUR 2012 DPA ADVOCATE TRAINING BY OFFERING A RETREAT/CONFERENCE THAT WILL EXTEND THE EFFECTIVENESS BY TARGETING IDENTIFIED REGIONS AND PROVIDING ONGOING ADVOCATE SUPPORT

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA SOCIETY OF ADDICTION MEDICINE (CSAM) 575 MARKET STREET STE 2125 SAN FRANCISCO, CA 94105	23-7364605	501(C)3	30,000		N/A	N/A	TO CONTINUE ITS PUBLIC POLICY AND COMMUNICATIONS EFFORTS IN CALIFORNIA, INCLUDING PRODUCING A "LESSONS LEARNED" FORUM ON MARIJUANA POLICY TO TAKE PLACE IN DENVER, CO ON OCTOBER 23RD CSAM IS CONDUCTING THIS FORUM IN ANTICIPATION OF A 2014 OR 2016 BALLOT INITIATIVE IN CA

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANGRESS (DBA LA COMMUNITY ACTION NETWORK) 530 S MAIN STREET LOS ANGELES,CA 90013	02-0661629	501(C)3	15,000		N/A	N/A	TO SUPPORT THE CIVIL RIGHTS ADVOCACY PROJECT, PART OF WHICH ADVOCATES FOR STATE POLICIES THAT REDUCE PUNITIVE MEASURES AND OPEN HOUSING, EMPLOYMENT AND PUBLIC BENEFIT OPPORTUNITIES TO THOSE WITH DRUG-RELATED CONVICTIONS

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR LAW AND JUSTICE 153 SOUTH PEARL STREET ALBANY, NY 12202	22-3078866	501(C)3	7,500		N/A	N/A	THE PURPOSE OF THE GRANT WILL BE TO ENGAGE IN EDUCATION, ADVOCACY, AND COMMUNITY ORGANIZING, IN COLLABORATION WITH THE 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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR LIVING AND LEARNING 14549 ARCHWOOD STREET 221 VAN NUYS, CA 91405	95-4406897	501(C)3	20,000		N/A	N/A	TO SUPPORT THE ADVOCACY EFFORTS OF FORMERLY INCARCERATED PEOPLE VIA PEER MENTORING, PARTICIPATION IN THE MANY RE-ENTRY/RECOVERY EVENTS, AND OUTREACH

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR NULEADERSHIP 510 GATES AVENUE 1ST FLOOR BROOKLYN,NY 11216	11-2245967	501(C)3	5,313		N/A	N/A	GRANT FROM THE NEW YORK FOUNDATION TO SUPPORT THE NEW YORKERS FOR SAFETY AND HEALTH PROJECT, WHICH SEEKS TO END NEW YORK CITY'S MARIJUANA ARREST CRUSADE

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITIWIDE HARM REDUCTION 226 EAST 144TH STREET BRONX, NY 10451	13-4009817	501(C)3	35,000		N/A	N/A	TO SUPPORT A GROUNDBREAKING ADVOCACY CAMPAIGN-WITH A MODEL SUPERVISED INJECTION FACILITY (SIF) ROOM AT THEIR DROP-IN CENTER SYRINGE EXCHANGE PROGRAM FUNDING WILL SUPPORT THE ENHANCED TRAINING, EDUCATION AND ADVOCACY DELIVERABLES THAT THIS SIF MODEL WILL FOSTER

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO CRIMINAL JUSTICE REFORM COALITION (CCJRC) 1212 MARIPOSA STREET 6 DENVER, CO 80204	84-1449882	501(C)3	55,000		N/A	N/A	1) GENERAL OPERATING SUPPORT TO BUILD ON PREVIOUS SUCCESSES AND ADVANCE DRUG POLICY REFORM 2) FUNDING TO DEVELOP A MUCH MORE SOPHISTICATED AND COMPREHENSIVE COMMUNICATIONS STRATEGY AS PART OF OUR CAMPAIGN TO ENSURE THAT PEOPLE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM ARE ABLE AND HAVE ASSISTANCE IN SECURING HEALTHCARE AND SUBSTANCE ABUSE/MENTAL HEALTH TREATMENT THROUGH ACA IMPLEMENTATION

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO PROGRESSIVE COALITION 1029 SANTA FE DRIVE DENVER, CO 80204	84-1338008	501(C)3	7,500		N/A	N/A	HEALTH CARE REFORM IS A TREMENDOUS OPPORTUNITY TO PUSH PRIVATE HEALTH INSURANCE COMPANIES TO PROVIDE AND COVER THESE SERVICES TO THE FULLEST EXTENT AS PART OF ITS LARGER IMPLEMENTATION WORK, CPC IS UNDERTAKING A TWELVE MONTH PROJECT THAT SEEKS TO INCREASE THE LEVEL OF ACCESS COLORADO RESIDENTS HAVE TO SUBSTANCE ABUSE TREATMENT AND SERVICES AS WELL AS HARM REDUCTION MEASURES

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY STUDIES OF NEW YORK 155 WEST 72ND STREET SUITE 402 NEW YORK,NY 10023	13-3736055	501(C)3	5,313		N/A	N/A	GRANT FROM THE NEW YORK FOUNDATION TO SUPPORT THE NEW YORKERS FOR SAFETY AND HEALTH PROJECT, WHICH SEEKS TO END NEW YORK CITY'S MARIJUANA ARREST CRUSADE

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COURAGE CAMPAIGN 7119 W SUNSET BLVD 195 LOS ANGELES, CA 90046	20-4841338	501(C)3	15,000		N/A	N/A	TO PROMOTE SB 1010, WHICH WOULD ELIMINATE THE DISPARITY IN PENALTIES FOR THE SALE OR POSSESSION OF CRACK COCAINE VS POWDER COCAINE

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIRECT RESOURCES & COMMUNICATIONS LLP 78 KENWOOD CIRCLE BLOOMFIELD, CT 06002	45-2565316		25,000		N/A	N/A	CONTRACT - DRC WILL ASSIST KEY PARTNERS IN THE FORMERLY INCARCERATED PEOPLE'S MOVEMENT (FICPM) AND IN MISSISSIPPI AND TEXAS IN DEVELOPING DRUG POLICY REFORM CAMPAIGNS THAT MIRROR THE EFFECTIVENESS OF THOSE DEVELOPED IN CONNECTICUT, AND REFLECT THE MISSION AND GOALS OF DPA AND ITS MOVEMENT BUILDING TEAM

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWN EAST AIDS NETWORK & THE MAINE HARM REDUCTION ALLIANCE 25A PINE STREET ELLSWORTH, ME 04605	01-0441229	501(C)3	15,000		N/A	N/A	TO SUPPORT A PUBLIC EDUCATION CAMPAIGN AND BASE BUILDING EFFORT FOR THE MAINE HARM REDUCTION 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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRCNET FOUNDATION INC 1623 CONNECTICUT AVENUE WASHINGTON,DC 20009	52-2034867	501(C)3	15,000		N/A	N/A	GENERAL SUPPORT TO COVER WRITER PHIL SMITH'S HEALTH INSURANCE AND TO ENABLE THE CONTINUATION OF THE DRUG WAR CHRONICLE NEWSLETTER

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRUG POLICY FORUM OF HAWAII PO BOX 61233 HONOLULU, HI 96839	94-3263242	501(C)3	15,000		N/A	N/A	THIS FUNDING WOULD ENABLE DPFH TO MAINTAIN ITS PREEMINENCE AS THE "GO TO" SOURCE ON DRUG POLICY IN THE STATE. FUNDING WOULD 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.

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRUGTRUTH NETWORK 9539 PECAN GLEN COURT HOUSTON, TX 77040	76-0514790	501(C)3	15,000		N/A	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 PROPONENTS CAN BE INTERVIEWED

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FLEX YOUR RIGHTS 8730 GEORGIA AVENUE SUITE 300 SILVER SPRING, MD 20910	32-0022088	501(C)3	12,500		N/A	N/A	GENERAL SUPPORT AS WE LAUNCH A NATIONAL "JURY POWER" ADVOCACY CAMPAIGN THE CENTERPIECE OF THIS WILL BE A NEW VIRAL VIDEO, NOT GUILTY A JUROR'S GUIDE TO PROTECTING GOOD PEOPLE FROM BAD LAWS THIS CAMPAIGN WILL TEACH TENS OF MILLIONS OF VIEWERS HOW INFORMED JURY SERVICE IS ONE OF THE MOST IMPORTANT AND POWERFUL THINGS THEY CAN DO TO DISMANTLE THE WAR ON DRUGS

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HARM REDUCTION ACTION CENTER 733 SANTA FE DRIVE DENVER, CO 80204	84-1493585	501(C)3	21,800		N/A	N/A	1) TO IMPLEMENT A TARGETED CAMPAIGN ON BROAD HARM REDUCTION ISSUES 2) PROVIDING TWO EXTENSIVE PRESENTATIONS (WITH PHOTOGRAPHY CAMPAIGN FOR PUEBLO COMMUNITY & PUEBLO HEALTH DEPT) FOR CONSERVATIVE AND RURAL PUEBLO

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ILLINOIS CONSORTIUM ON DRUG POLICY (FS ROOSEVELT UNIVERSITY) 430 S MICHIGAN AVENUE CHICAGO, IL 60605	36-2167854	501(C)3	30,000		N/A	N/A	TO PROVIDE TECHNICAL ASSISTANCE TO THEIR PARTNERS IN INDIANA AND MINNESOTA AND TO MOVE GOOD SAMARITAN/NALOXONE LEGISLATION IN MISSOURI, INDIANA, AND MINNESOTA

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INSTITUTE OF BLACK WORLD 21ST CENTURY 31-35 95TH STREET EAST ELMHURST, NY 11369	30-0186895	501(C)3	25,000		N/A	N/A	TO SUPPORT THEIR DRUG POLICY REFORM INITIATIVES AND INCREASE EMPHASIS ON TREATING DRUGS AS A PUBLIC HEALTH ISSUE UTILIZING DPAS BLUEPRINT FOR PUBLIC HEALTH AND SAFETY APPROACH TO DRUG POLICY AS A PRIMER

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JUSTICE MAPPING SYSTEMS 155 WASHINGTON AVE BROOKLYN,NY 11205	26-0228998	501(C)3	10,000		N/A	N/A	TO REVISE AND EXPAND GEOGRAPHIC INFORMATION SYSTEMS (GIS) ANALYSIS AND PRESENTATION OF PUBLIC HEALTH AND SAFETY POLICIES AND PRACTICES IN ALBANY, BUFFALO, AND ITHACA, NEW YORK FIRST CONDUCTED FOR THE DPA/NYAM REPORT, "A PUBLIC HEALTH AND SAFETY APPROACH TO DRUG POLICY IN NEW YORK "

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JUSTICE NOT JAILS (PROGRESSIVE CHRISTIANS UNITING) 634 S SPRING ST SUITE 300 LOS ANGELES,CA 90014	95-4643127	501(C)3	15,000		N/A	N/A	TO SUPPORT THE CREATION, TESTING, AND APPLICATION OF SPECIAL MATERIALS SHAPED FOR RELIGIOUS AUDIENCES UNDER THE RUBRIC , "DECODING THE WAR ON DRUGS - AND A RELIGIOUS APPEAL FOR PEACE "

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JUSTICE STRATEGIES 107 RIVER PARK DRIVE RARITAN, NJ 08869	94-3213100	501(C)3	25,000		N/A	N/A	TO CONDUCT RESEARCH, PRODUCE A REPORT, AND PARTICIPATE IN REFORM EFFORTS FOCUSED ON THE PUBLIC SAFETY AND LAW ENFORCEMENT FINDINGS FROM DPA'S BLUEPRINT

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LEARNING WORKS (DBA PUBLIC WORKS) 90 NORTH DAISY AVE PASADENA, CA 91107	95-4686873	501(C)3	15,000		N/A	N/A	THE PURPOSE OF THIS PROJECT IS FOR UPFRONT PROGRAMS TO CONDUCT FOLLOW-UP STAFF TRAINING FOR TEACHERS AND CHASERS AT LEARNING WORKS CHARTER SCHOOL IN PASADENA, CA AND AT HOMEBOY INDUSTRIES IN BOYLE HEIGHTS, LOS ANGELES USING MOTIVATIONAL INTERVIEWING TECHNIQUES

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LEGAL SERVICES FOR PRISONERS WITH CHILDREN 1540 MARKET STREET SUITE 490 SAN FRANCISCO, CA 94102	94-3080408	501(C)3	32,500		N/A	N/A	1) TO INCREASE THE POLITICAL POWER OF INCARCERATED AND FORMERLY INCARCERATED PEOPLE AND OUR FAMILIES TO CHALLENGE MASS INCARCERATION AND THE DRUG WAR IN CALIFORNIA 2) TO SUPPORT LSPC'S 35TH ANNIVERSARY GALA HELD ON OCTOBER 19TH, 2013

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LOUISIANANS FOR RESPONSIBLE REFORM 131 WEST 33RD STREET 15 FL NEW YORK, NY 10001	46-4847237	501(C)3	25,000		N/A	N/A	TO SUPPORT A SUCCESSFUL LEGISLATIVE AND PUBLIC RELATIONS CAMPAIGN NEEDED TO REFORM LOUISIANA'S MANDATORY MARIJUANA SENTENCING AND EXISTING MEDICAL MARIJUANA STATUTES

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MARIJUANA MAJORITY 2008 EMERSON STREET APT 4 BERKELEY, CA 94703	46-0821650	501(C)3	15,000		N/A	N/A	GENERAL SUPPORT TO HIRE THEIR FIRST FULL-TIME, MODESTLY PAID STAFFER, COVER TECH COSTS AND BRING ON BOARD INDEPENDENT CONTRACTORS TO HELP LAUNCH THE GROUNDBREAKING NEW "COMING OUT" PROJECT

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MOTHERS AGAINST TEEN VIOLENCE (MATV) 2904 FLOYD STREET SUITE F DALLAS, TX 75204	75-2539186	501(C)3	25,000		N/A	N/A	GENERAL OPERATING SUPPORT FOR OUR MOVEMENT BUILDING ACTIVITIES OUR HIGHEST PRIORITY WILL BE BUILDING A STRONG COALITION TO SUPPORT A REFORM AGENDA WE WILL SEEK CREATIVE WAYS TO STRENGTHEN OUR RELATIONSHIPS WITH THE ORGANIZATIONS WE HAVE WORKED WITH IN THE PAST AND OTHERS, BUILDING ON MUTUAL INTERESTS FOR A STRONGER, MORE IMPACTFUL ADVOCACY

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NEW MEXICO WOMEN'S JUSTICE PROJECT PO BOX 25501 ALBUQUERQUE,NM 871255501	81-0548043	501(C)3	10,000		N/A	N/A	THIS PROPOSAL INCLUDES TWO PROJECTS THAT WILL BE COMPLETED IN PARTNERSHIP WITH THE NEW MEXICO DPA STATE DIRECTOR, EMILY KALTENBACH THE FIRST PROJECT IS TO WORK WITH THE SAN MIGUEL JAIL TO PROVIDE THE NALOXONE AND TRAINING UPON RELEASE FROM JAIL AND THE SECOND PROJECT IS TO ASSIST THE NM DPA OFFICE IN MARIJUANA REFORM BY IDENTIFYING WOMEN WHO HAVE BEEN ARRESTED AND/OR SENTENCED DUE TO MARIJUANA POSSESSION WHO ARE WILLING TO TESTIFY DURING THE NEXT LEGISLATIVE SESSION

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NORTH CAROLINA HARM REDUCTION COALITION PO BOX 1376 DURHAM, NC 27709	20-3452075	501(C)3	25,000		N/A	N/A	TO ENHANCE THEIR ADVOCACY EFFORTS ON FULL SYRINGE DECRIMINALIZATION, PHARMACY SYRINGE SALES AND PHARMACY BIOHAZARD COLLECTION

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NY ACADEMY OF MEDICINE 1216 FIFTH AVENUE NEW YORK, NY 10029	13-1656674	501(C)3	45,000		N/A	N/A	1) TO CONTINUE ITS WORK ON THE BLUEPRINT 2) TO SUPPORT A SYMPOSIUM MARKING THE 70TH ANNIVERSARY OF THE PUBLICATION OF THE LAGUARDIA COMMITTEE REPORT THE MARIHUANA PROBLEM IN THE CITY OF NEW YORK

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ONE VOICE MISSISSIPPI PO BOX 3886 JACKSON,MS 39207	02-0787550	501(C)3	25,000		N/A	N/A	1) TO TAKE ADVANTAGE OF JACKSON'S NEW CLIMATE UNDER THE LEADERSHIP OF MAYOR CHOKWE LUMUMBA TO THAT EXTENT, ONE VOICE WILL ENSURE THAT TEETH ARE PUT INTO THE MUNICIPALITY'S MARIJUANA DECRIMINIALIZATION LAW, AND ALL-DRUG DECRIMINALIZATION WILL BE INTRODUCED THROUGH THE CITY'S DEMOCRATIC PROCESS, THE PEOPLE'S ASSEMBLY 2) ONE VOICE MISSISSIPPI WILL PARTNER WITH DRUG POLICY ALLIANCE AND THE MS STATE CONFERENCE NAACP TO HOST A DISCUSSION ABOUT THE DISRUPTION TO FREEDOM POSED BY OUR CURRENT SYSTEM OF PUNISHMENT AND INCARCERATION DRIVEN BY DRUG WAR POLICIES THIS GATHERING WILL BE HELD ON THE SATURDAY, JUNE 29, AS A PART OF THE FREEDOM SUMMER ANNIVERSARY COMMEMORATION, WHICH WILL BEGIN WEDNESDAY, JUNE 25TH, IN JACKSON

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PARTNERSHIP FOR SAFETY & JUSTICE 825 NE 20TH AVE SUITE 250 PORTLAND,OR 97232	93-1277774	501(C)3	15,000		N/A	N/A	FUNDING FOR GENERAL OPERATING SUPPORT

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PRISON POLICY INITIATIVE 69 GARFIELD AVENUE FL 1 EASTHAMPTON, MA 01027	20-3671130	501(C)3	7,500		N/A	N/A	TO DRAFT A REPORT AND CREATE MAPS TO QUANTIFY AND PUBLICIZE THE EFFECT OF CONNECTICUT'S DRACONIAN SENTENCING ENHANCEMENT ZONE LAW WHICH REQUIRES THAT CERTAIN DRUG OFFENSES COMMITTED WITHIN 1,500 FEET OF SCHOOLS AND CERTAIN OTHER PLACES AUTOMATICALLY TRIGGER AN ENHANCED PENALTY

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PROTECT FAMILIES FIRST 55 JOHN STREET PROVIDENCE, RI 02906	05-0258905	501(C)3	15,000		N/A	N/A	GENERAL OPERATING SUPPORT, WHICH WOULD PROVIDE A FULL-TIME SALARY TO PROTECT FAMILIES FIRST'S EXECUTIVE DIRECTOR AND A PART-TIME SALARY TO OUR DIRECTOR OF OUTREACH AND PLANNING

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PUBLIC DEFENDER ASSOCIATION 810 THIRD AVENUE 8TH FL SEATTLE, WA 98104	91-0852323	501(C)3	8,000		N/A	N/A	TO SUPPORT THE RACIAL DISPARITY PROJECT, WHICH SEEKS TO ORGANIZE COMMUNITY MEMBERS TO ENSURE THAT THE ECONOMIC BENEFITS OF MARIJUANA LEGALIZATION ACCRUE TO COMMUNITIES OF COLOR

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SAMUEL DEWITT PROCTOR CONFERENCE 4533 S LAKE PARK CHICAGO,IL 60653	06-1707903	501(C)3	7,500		N/A	N/A	TO FURTHER THIS AGENDA, SDPC PROPOSES TO WORK WITH DPA TO DEVELOP EDUCATIONAL AND ADVOCACY TOOLS FOR THE FAITH COMMUNITY

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SAN FRANCISCO DRUG USERS' UNION (FS HARM REDUCTION THERAPY CENTER) 1015 MARTIN LUTHER KING JR WAY OAKLAND,CA 94607	94-3363781	501(C)3	47,500		N/A	N/A	FUNDING TO INCREASE AND DIVERSIFY THEIR MEMBERSHIP AND EXPAND THEIR MEMBERS' CAPACITY FOR LEADERSHIP THEY WILL CONTINUE TO HAVE A STRONG VOICE IN LOCAL COALITIONS AND THE MEDIA AS WELL AS TAKE THE LEAD IN ORGANIZING THE AMERICAN FEDERATION OF DRUG USERS

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SOUTHERN COALITION FOR SOCIAL JUSTICE 1415 WEST HIGHWAY 54 SUITE 101 DURHAM,NC 27707	26-0688375	501(C)3	20,000		N/A	N/A	FUNDING TO CONTINUE ITS CRIMINAL JUSTICE INITIATIVE

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SOUTH JERSEY AIDS ALLIANCE 19 GORDONS ALLEY ALTANTIC CITY, NJ 80401	22-2686586	501(C)3	25,000		N/A	N/A	SJAA WILL ASSIST WITH IMPLEMENTATION OF THE OVERDOSE PREVENTION ACT BY ESTABLISHING A DISTRIBUTION PROGRAM FOR THE OPIOID OVERDOSE ANTIDOTE NALOXONE SJAAS PROGRAM WILL SERVE AS A TEMPLATE FOR THE OTHER FOUR MEMBER ORGANIZATIONS COMPRISING THE HARM REDUCTION PARTNERS OF NEW JERSEY WHO WILL ALSO HOST NALOXONE DISTRIBUTION PROGRAMS IN THE FUTURE

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THE CENTER FOR CHURCH AND PRISON INC 516 WARREM STREET DORCHESTER, MA 02121	80-0467658	501(C)3	7,500		N/A	N/A	TO SUPPORT THE 2013 STRATEGIC NATIONAL CONFERENCE ON THE MASS INCARCERATION AND THE WAR ON DRUGS, OCTOBER 3-5 AND ITS SUBSEQUENT EDUCATIONAL CAMPAIGN WITH POST CONFERENCE DIALOGUE FORUMS ON MASS INCARCERATION AND THE WAR ON DRUGS

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THE ORDINARY PEOPLE SOCIETY (TOPS) 403 WEST POWELL STREET DOTHAN,AL 36303	82-0587071	501(C)3	35,000		N/A	N/A	FUNDING TO CONTINUE ITS EFFORTS TO CHANGE THE DRACONIAN CLIMATE IN ALABAMA BY REDUCING THE SCOPE AND ROLE OF THE CRIMINAL JUSTICE SYSTEM IN ALABAMA'S DRUG POLICIES

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THE PEOPLE'S HARM REDUCTION ALLIANCEURBAN PO BOX 85038 SEATTLE,WA 98145	35-2307112	501(C)3	25,000		N/A	N/A	1) FUNDING TO FIGHT THE WIDESPREAD STIGMA AGAINST DRUG USERS, SECURE LEGAL PROTECTIONS FOR THEIR HUMAN RIGHTS, AND BRING ABOUT AN END TO THE DRUG WAR AND PRISON INDUSTRIAL COMPLEX 2)THE POLITICAL CLIMATE IN WASHINGTON STATE IS AT A CRITICAL STRIKING POINT WE ARE HAVING INCREDIBLE SUCCESS WITH SYRINGE EXCHANGE, NALOXONE DISTRIBUTION, AND OTHER SERVICES, WE WANT TO EXPAND BETTER HEALTH CARE AND SERVICES FOR DRUG USERS THROUGHOUT THE STATE OF WASHINGTON WE PLAN TO START A STATEWIDE EDUCATIONAL & LOBBYING EFFORT TO EXPAND COMPREHENSIVE OVERDOSE PREVENTION, NEEDLE EXCHANGE, VEIN CARE, AND BETTER DRUG USER HEALTH SERVICES THROUGHOUT THE STATE

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TWELVES ORGANIZATION INC 43422 WEST OAKS 265 NOVI, MI 48377	27-4207876	501(C)3	10,000		N/A	N/A	TO SUPPORT THE EFFORTS IN OUTREACH, EDUCATION AND IDENTIFICATION OF OPPONENTS OF THE WAR ON DRUGS SPECIFICALLY FOCUSING ON LOUISIANA AND TEXAS

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UNITED METHODIST CHURCH AND SOCIETY 100 MARYLAND AVENUE NE WASHINGTON,DC 20002	53-0204669	501(C)3	7,500		N/A	N/A	WE WILL BRING FAITH LEADERS FROM ACROSS THE COUNTRY FOR A TWO DAY LEADERSHIP TRAINING TO MORE EFFECTIVELY MOBILIZE THE FAITH COMMUNITY TO END THE DRUG WAR AND ADDRESS RELATED ISSUES OF MASS INCARCERATION

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VOCAL (FS NYC AIDS HOUSING NETWORK - NYCAHN) 80-A FOURTH AVENUE BROOKLYN,NY 11217	13-4094385	501(C)3	57,812		N/A	N/A	1) GENERAL OPERATING SUPPORT AND TO SUPPORT TWO STAFF POSITIONS THIS YEAR, VOCAL'S WORK WILL FOCUS ON 1) IMPLEMENTING THE RECOMMENDATIONS IN THE BLUEPRINT, ESPECIALLY REGARDING OVERDOSE PREVENTION, AND 2) PASSING LEGISLATION DECRIMINALIZATING MARIJUANA POSSESSION 2) GRANT FROM THE NEW YORK FOUNDATION TO SUPPORT THE NEW YORKERS FOR SAFETY AND HEALTH PROJECT, WHICH SEEKS TO END NEW YORK CITY'S MARIJUANA ARREST CRUSADE

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WASHINGTON LAWYERS' COMMITTEE FOR CIVIL RIGHTS AND UBRAN AFFAIRS 11 DUPONT CIRCLE NW SUITE 400 WASHINGTON,DC 20036	52-1784938	501(C)3	15,000		N/A	N/A	THE DC PRISONERS' PROJECT AT THE WASHINGTON LAWYERS' COMMITTEE FOR CIVIL RIGHTS AND URBAN AFFAIRS SEEKS TO ORGANIZE A COMMUNICATIONS AND ADVOCACY CAMPAIGN

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAM C VELASQUEZ INSTITUTE 2914 NORTH MAIN 1ST FLOOR LOS ANGELES,CA 90031	74-2378901	501(C)3	12,500		N/A	N/A	FUNDING TO CONDUCT ACTIVITIES IN CALIFORNIA FROM SEPTEMBER 2013 TO SEPTEMBER 2014 AIMED AT PROMOTING DRUG POLICIES GROUNDED IN SCIENTIFIC FACT AND REFORMING THOSE THAT ARE DRACONIAN AND PREJUDICED AGAINST LATINOS

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN WITH A VISION 215 N JEFF DAVIS PARKWAY NEW ORLEANS, LA 70119	72-1202185	501(C)3	35,000		N/A	N/A	1) GENERAL OPERATING SUPPORT TO CONTINUE ITS CURRENT DRUG POLICY ADVOCACY EFFORTS, INCLUDING 1) INCREASE COMMUNITY AWARENESS CONCERNING GOOD SAMARITAN LAWS, AND 2) INCREASE ADVOCACY ACTIVITIES RELATED TO PASSING A GOOD SAMARITAN LAW IN LOUISIANA 2) FOR THE THIRD ANNUAL SOUTHERN HARM REDUCTION CONFERENCE ON DECEMBER 12TH, 2013

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG WOMEN UNITED PO BOX 8490 ALBUQUERGUE,NM 87108	85-0481224	501(C)3	15,000		N/A	N/A	IN THEIR INITIAL PPC PROPOSAL, YOUNG WOMEN UNITED REQUESTS GENERAL OPERATING FUNDING TO SUPPORT THEIR WORK AS COMMUNITY ORGANIZING AND ADVOCACY PROJECT BY AND FOR YOUNG WOMEN OF COLOR

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DRUG POLICY ALLIANCE

Employer identification number
52-1516692

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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.</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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.</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>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.</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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:</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>	5b	No
<div><div>6</div><div>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:</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>	9	

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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)ETHAN NADELMANN EXECUTIVE DIRECTOR	(i)	266,703	0	774	27,583	17,410	312,470	0
	(ii)	0	0	0	0	0	0	0
(2)RYAN CHAVEZ DIR OF FINANCE AND ADMIN	(i)	128,658	0	414	13,543	8,887	151,502	0
	(ii)	0	0	0	0	0	0	0
(3)STEPHEN GUTWILLIG DEPUTY EXECUTIVE DIR OF PROGRAM	(i)	141,821	0	270	14,722	9,744	166,557	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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.

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
DRUG POLICY ALLIANCE

Employer identification number
52-1516692

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	110,597	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ►()				
27 Other ►()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information.

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.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART 1, COLUMN (B) OF SCHEDULE M

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.

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
DRUG POLICY ALLIANCE

Employer identification number

52-1516692

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 THE FINALIZED FORM 990 IS THEN FILED WITH THE IRS.

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.

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 AND APPROVED BY THE BOARD, OR AT ITS DISCRETION BY AN APPROPRIATE COMMITTEE, NO LESS THAN ONCE EVERY THREE YEARS. THIS PROCESS WAS LAST COMPLETED JUNE 2014.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	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 AND OTHER SIMILAR WEBSITES THE 990 IS ALSO MADE AVAILABLE TO THE PUBLIC UPON REQUEST BY WRITING OR CALLING THE ORGANIZATION DIRECTLY 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

Return Reference	Explanation
FORM 990, PART X, LINE 33	TOTAL NET ASSETS DECREASED FOR 2013 FORM 990 DUE TO WRITE OFF OF GRANT FOR \$33,309,108

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ADJUSTMENT TO RESCINDED GRANT -33,309,108

Return Reference	Explanation
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