




See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 06-01-2014 , and ending 05-31-2015

<b>B</b> Check if applicable <input type="checkbox"/> Address change  <input type="checkbox"/> Name change  <input type="checkbox"/> Initial return  <input type="checkbox"/> Final return/terminated  <input type="checkbox"/> Amended return  <input type="checkbox"/> Application pending	<b>C</b> Name of organization DRUG POLICY ALLIANCE		<b>D</b> Employer identification number  52-1516692
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number  (212) 613-8040
	131 W 33RD STREET 15TH FLOOR		
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10001		<b>G</b> Gross receipts \$ 14,295,321
<b>F</b> Name and address of principal officer ETHAN NADELMANN 131 W 33RD STREET 15TH FLOOR NEW YORK, NY 10001			
<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)			
<b>H(c)</b> Group exemption number ▶			
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ HTTP //WWW.DRUGPOLICY.ORG/			

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

Part I

Summary

Activities & Governance	<b>1</b> 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		
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	17	
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	16	
<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	<b>5</b>	81	
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	16	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	6,227,328	14,070,325
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	420,442	17,417
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,365	14,412
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	137,535	193,167
	6,807,670	14,295,321	
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	1,122,308	954,500
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,891,018	6,620,002
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	66,000	227,282
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶1,704,061		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	5,091,593	4,683,734
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,170,919	12,485,518
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	-5,363,249	1,809,803
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	8,011,689	12,927,317
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	3,967,493	7,067,372
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	4,044,196	5,859,945

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	***** Signature of officer	2016-01-28 Date			
	ETHAN NADELMANN EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name GARRETT M HIGGINS	Preparer's signature GARRETT M HIGGINS	Date 2016-01-26	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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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 \$ 3,471,840 including grants of \$ ) (Revenue \$ 7,200 )

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 \$ 1,225,084 including grants of \$ 954,500 ) (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 \$ 1,986,680 including grants of \$ ) (Revenue \$ 10,217 )

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

See Additional Data

4d

Other program services (Describe in Schedule O )

(Expenses \$ 2,619,996 including grants of \$ ) (Revenue \$ )






















4e

Total program service expenses ▶

9,303,600

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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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 Yes	
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	No
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 domestic 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 or for domestic individuals 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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	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 "Yes," 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <b>Note.</b> 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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, address, and telephone number of the person who possesses the organization's books and records	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				280,280	0	42,090
(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 ..... THROUGH 6/20/14	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) ILONA SZABO DE CAVALHO ..... 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			
(15) THE HON LARRY CAMPBELL ..... DIRECTOR	1 00 .....	X						0	0	0
(16) DAVID C LEWIS MD ..... DIRECTOR	1 00 .....	X						0	0	0
(17) JOSIAH RICH ..... DIRECTOR	1 00 .....	X						0	0	0
(18) MICHAEL SKOLNIK ..... DIRECTOR	1 00 .....	X						0	0	0
(19) RYAN CHAVEZ ..... DIR OF FINANCE AND ADMIN	40 00 .....			X				143,800	0	22,369
(20) STEPHEN GUTWILLIG ..... DEPUTY EXECUTIVE DIR OF P	40 00 .....			X				143,205	0	21,861
(21) CLOVIS THORN ..... MANAGING DIRECTOR - FUNDRA	40 00 .....					X		120,513	0	19,682
(22) SHARDA SEKARAN ..... MANAGING DIRECTOR - COMMUNICATIONS	40 00 .....					X		120,716	0	9,950
(23) GABRIEL SAYEGH ..... STATE DIRECTOR	40 00 .....					X		104,326	0	19,741

1b	Sub-Total . . . . .	▶			
c	Total from continuation sheets to Part VII, Section A . . . . .	▶			
d	Total (add lines 1b and 1c) . . . . .	▶	912,840	0	135,693

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

		Yes	No
3	Did the organization list any <b>former</b> 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
BLACKBAUD PO BOX 930256 ATLANTA, GA 31193	SOFTWARE CONSULTANT	117,783
SANKY COMMUNICATIONS INC 599 11TH AVENUE 6TH FL NEW YORK, NY 10036	ON LINE MARKETING & CONSULTING	115,519

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 ▶2

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	1,007,988			
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,062,337			
	g	Noncash contributions included in lines 1a-1f \$		211,433			
	h	Total. Add lines 1a-1f . . . . .		14,070,325			
Program Service Revenue	2a	PUBLICATIONS AND VIDEOS	Business Code				
			611710	10,217	10,217		
	b	REGISTRATION AND CONFERENCE INCOM	611710	7,200	7,200		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		17,417			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		14,412			14,412
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties . . . . .					
	6a	Gross rents	(i) Real				
			2,400				
	b	Less rental expenses		0			
	c	Rental income or (loss)		2,400			
	d	Net rental income or (loss) . . . . .	(ii) Personal	2,400			2,400
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
	b	Less cost or other basis and sales expenses	(ii) Other				
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . .					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from fundraising events . .					
	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 ADMIN FEE	900099	145,911			145,911
	b	OTHER REIMBURSEMENT	900099	41,355			41,355
	c	OTHER REVENUE	900099	3,501			3,501
	d	All other revenue . . . . .					
	e	Total. Add lines 11a-11d . . . . .		190,767			
	12	Total revenue. See Instructions . . . . .		14,295,321	17,417	0	207,579

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 domestic organizations and domestic governments See Part IV, line 21 . . . . .	952,000	952,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	2,500	2,500		
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	662,778	334,184	253,519	75,075
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 . . . . .	4,699,278	3,726,043	489,895	483,340
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	276,614	223,745	27,884	24,985
9	Other employee benefits . . . . .	567,402	435,758	78,447	53,197
10	Payroll taxes . . . . .	413,930	312,983	61,871	39,076
11	Fees for services (non-employees)				
a	Management . . . . .	49,743	6,488	43,255	
b	Legal . . . . .	33,513	641	32,232	640
c	Accounting . . . . .	37,391		37,391	
d	Lobbying . . . . .	410,350	410,350		
e	Professional fundraising services See Part IV, line 17	227,282			227,282
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 . . . . .	183,098	161,664	1,434	20,000
13	Office expenses . . . . .	1,090,584	459,494	118,991	512,099
14	Information technology . . . . .	101,194	89,161	7,239	4,794
15	Royalties . . . . .	54,748			54,748
16	Occupancy . . . . .	783,021	616,151	108,854	58,016
17	Travel . . . . .	515,168	433,502	42,052	39,614
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	282,152	227,291	11,118	43,743
20	Interest . . . . .	60,000		60,000	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	88,732	63,573	14,125	11,034
23	Insurance . . . . .	65,977	8,172	57,805	
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	762,917	689,113	24,339	49,465
b	BALLOT INITIATIVES	100,000	100,000		
c	MEMBERSHIP/SUBSCRIPTION	61,226	50,787	3,486	6,953
d	BOARD EXPENSES	3,920		3,920	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	12,485,518	9,303,600	1,477,857	1,704,061
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 checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	450,067	95,891	0	354,176

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		68,374	1	263,246
	2	Savings and temporary cash investments		804,147	2	1,156,005
	3	Pledges and grants receivable, net		867,051	3	4,936,281
	4	Accounts receivable, net		39,598	4	44,105
	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		41,851	9	96,137
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a6,197,815			
	b	Less accumulated depreciation	10b554,686	5,621,889	10c	5,643,129
	11	Investments—publicly traded securities		504,070	11	698,992
	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		64,709	15	89,422
	16	Total assets. Add lines 1 through 15 (must equal line 34)		8,011,689	16	12,927,317
Liabilities	17	Accounts payable and accrued expenses		1,021,643	17	1,045,118
	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		2,945,850	23	2,872,254
	24	Unsecured notes and loans payable to unrelated third parties			24	3,000,000
	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		0	25	150,000
	26	Total liabilities. Add lines 17 through 25		3,967,493	26	7,067,372
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		1,918,247	27	-299,113
	28	Temporarily restricted net assets		2,125,949	28	6,159,058
	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		4,044,196	33	5,859,945
	34	Total liabilities and net assets/fund balances		8,011,689	34	12,927,317

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	14,295,321
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,485,518
3	Revenue less expenses Subtract line 2 from line 1	3	1,809,803
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,044,196
5	Net unrealized gains (losses) on investments	5	-2,054
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	8,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,859,945

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		

Additional Data

Software ID:  
Software Version:  
EIN: 52-1516692  
Name: DRUG POLICY ALLIANCE

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	2,619,996	including grants of \$	) (Revenue \$	)
OTHER PROGRAM SERVICES INCLUDE- CONFERENCES, HEALTH AND HARM REDUCTION, TREATMENT AND PREVENTION, AND SPECIAL PROJECTS					

SCHEDULE A  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

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

Part I

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . . \_\_\_\_\_

g

Provide the following information about the supported organization(s)

(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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	9,039,672	13,319,498	8,899,787	6,227,328	14,070,325	51,556,610
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	9,039,672	13,319,498	8,899,787	6,227,328	14,070,325	51,556,610
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						23,868,162
<b>6 Public support.</b> Subtract line 5 from line 4						27,688,448

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	9,039,672	13,319,498	8,899,787	6,227,328	14,070,325	51,556,610
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,995	11,758	18,546	8,019	16,812	72,130
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 VI )	446,117	16,251	697	140,644	190,767	794,476
11	<b>Total support</b> Add lines 7 through 10						52,423,210
12	Gross receipts from related activities, etc (see instructions)					12	1,380,346
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	1452 820 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	1551 060 %
16a	<b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>	
b	<b>33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>	
17a	<b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>	
b	<b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>	



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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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 - 2011 AMOUNT \$ 16,251 2013 AMOUNT \$ 361 2014 AMOUNT \$ 1,501 HONORARIUMS AND REBATE - 2012 AMOUNT \$ 697 2013 AMOUNT \$ 510 2014 AMOUNT \$ 1,310 OTHER REIMBURSEMENT - 2010 AMOUNT \$ 269,769 2013 AMOUNT \$ 26,322 2014 AMOUNT \$ 41,355 DRUG POLICY ACTION ADMIN FEE - 2013 AMOUNT \$ 113,451 2014 AMOUNT \$ 145,911 TAX REFUND - 2010 AMOUNT \$ 3,823 PROP 19 CAMPAIGN - 2010 AMOUNT \$ 172,525 SCHOLARSHIP APPLICATION FEE - 2014 AMOUNT \$ 690

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

***www.irs.gov/form990.***

OMB No 1545-0047

2014

Open to Public Inspection

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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)		9,627													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		544,073													
c Total lobbying expenditures (add lines 1a and 1b)		553,700													
d Other exempt purpose expenditures		10,227,757													
e Total exempt purpose expenditures (add lines 1c and 1d)		10,781,457													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		689,073													
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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)		172,268													
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	577,479	651,341	704,855	689,073	2,622,748
b Lobbying ceiling amount (150% of line 2a, column(e))					3,934,122
c Total lobbying expenditures	286,765	556,622	619,574	553,700	2,016,661
d Grassroots nontaxable amount	144,370	162,835	176,214	172,268	655,687
e Grassroots ceiling amount (150% of line 2d, column (e))					983,531
f Grassroots lobbying expenditures	11,406	13,846	14,869	9,627	49,748



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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

[illegible]

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.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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) Revenue 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

Revenue 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) 2014

**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
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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)

(ii) related organizations

3a(ii)
- b

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

3b
- 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		923,175	85,724	837,451
d Equipment		884,638	468,962	415,676
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).)				5,643,129



**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	14,293,267
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-2,054
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-2,054
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	14,295,321
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	14,295,321

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	12,477,518
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	12,477,518
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	8,000
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	8,000
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	12,485,518

**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 2012.
PART XII, LINE 4B - OTHER ADJUSTMENTS	GRANT REFUNDS NETTED AGAINST GRANT EXPENSE 8,000

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
DRUG POLICY ALLIANCE

Employer identification number  
52-1516692

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1

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

a

☒

Mail solicitations

b

☒

Internet and email solicitations

c

☒

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☒

Special fundraising events

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	849,706	69,000	780,706
2 SANKY COMMUNICATIONS INC 599 ELEVENTH AVENUE 6TH FL  NEWYORK, NY 10036	ON LINE MARKETING AND CONSULTING		No	115,211	115,211	0
3 SD & A TELESERVICES INC 5757 WEST CENTURY BLVD SUITE 300  LOS ANGELES, CA 90045	TELEFUNDRAISING		No	43,071	43,071	0
4						
5						
6						
7						
8						
9						
10						
Total . . . . .				1,007,988	227,282	780,706

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

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2014



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

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

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"/> <b>Yes</b>_____ % <input type="checkbox"/> <b>No</b></div>	<div><input type="checkbox"/> <b>Yes</b>_____ % <input type="checkbox"/> <b>No</b></div>	<div><input type="checkbox"/> <b>Yes</b>_____ % <input type="checkbox"/> <b>No</b></div>	
	7    Direct expense summary   Add lines 2 through 5 in column (d)           .   .				

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

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

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

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

11

Does the organization conduct 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 activities conducted 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 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 \$69,000 OF CONSULTANT FEES PAID,A B DATA ALSO RECEIVED ADDITIONAL AMOUNTS OF \$556,917 AS REIMBURSEMENT FOR EXPENSES INCURRED SANKY COMMUNICATIONS, INC WAS RETAINED TO DESIGN AND SUPERVISE AN ONLINE FUNDRAISING PROGRAM FOR DRUG POLICY ALLIANCE SD & A TELESERVICES WAS RETAINED TO PROVIDE TELEFUNDRAISING CAMPAIGN ON BEHALF OF DRUG POLICY ALLIANCE

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No 1545-0047

2014

Open to Public  
Inspection

Name of the organization  
DRUG POLICY ALLIANCE

Employer identification number  
52-1516692

Part I

General Information on Grants and Assistance

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 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 . . . . . 51

3 Enter total number of other organizations listed in the line 1 table . . . . . 0

Part III

Grants and Other Assistance to Domestic Individuals. 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 GRANTEEES THROUGHOUT THE YEAR, AND THE GRANT RECIPIENT ORGANIZATIONS ATTEND AN ANNUAL PARTNERS MEETING TO DISCUSS THEIR PROJECTS AND OUTCOMES AT THE END OF THE GRANT CYCLE, ALL GRANTEEES SUBMIT A FINAL NARRATIVE AND EXPENDITURE REPORT

Additional Data

Software ID:  
Software Version:  
EIN: 52-1516692  
Name: DRUG POLICY ALLIANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 FOUNDATIONPO BOX 942 HARTFORD,CT 06101	06-1576383	501(C)3	40,000		N/A	N/A	TO HELP MAXIMIZE DPA'S INVESTMENT IN REFORM AGENDAS IN MULTIPLE STATES, ADVANCE SOPHISTICATED DRUG POLICY REFORM EFFORTS IN CONNECTICUT INCLUSIVE OF THE "2 0" REFORM AGENDA AND WORK WITH GROUPS IN THE TRI-STATE REGION AND NORTH EAST TO DEVELOP A REGIONAL AGENDA FOR REFORM
A NEW PATH2527 DOUBLETREE ROAD SPRING VALLEY,CA 91978	33-0883927	501(C)3	40,000		N/A	N/A	TO SUPPORT FOR BROADER DRUG POLICY IN THE STATE THEY ALSO RUN THEIR NATIONAL MOMS UNITED CAMPAIGN, WHICH NOW WORKS IN 20 STATES 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 THEY WILL ALSO ENGAGE MOMS AS POWERFUL PARTNERS IN DRUG POLICY REFORM AS THEY PREPARE FOR THE UN GENERAL ASSEMBLY IN 2016
A NEW WAY OF LIFE RE-ENTRY PROJECTPO BOX 875288 LOS ANGELES,CA 90087	95-4782503	501(C)3	25,000		N/A	N/A	TO WORK WITH DPA-CA TO ADVANCE THE PROVEN CRIMINAL JUSTICE ADVOCACY EXPERTISE ESTABLISHED THROUGH THE ORGANIZATION'S COMMUNITY ORGANIZING, LEADERSHIP DEVELOPMENT, AND LEGISLATIVE RELATIONSHIP-BUILDING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALTERNET77 FEDERAL PLAZA FLOOR 2 SAN FRANCISCO ,CA 94107	52-1309876	501(C)3	20,000		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
BOOMHEALTH226 EAST 144TH STREET BRONX,NY 10451	13-3599121	501(C)3	32,500		N/A	N/A	TO ENABLES NEW YORKERS AT HIGHEST RISK FOR ILLNESS, ADDICTION, HOMELESSNESS AND POVERTY TO REALIZE THEIR FULL POTENTIAL BY INTEGRATING SERVICES TO CREATE A SEAMLESS CONTINUUM OF PREVENTION AND CARE THROUGH THIS GRANT, OUR PRIORITIES WILL FOCUS ON THE COMPASSIONATE CARE ACT (CCA), SAFE INJECTION FACILITIES (SIF), AND OVERDOSE PREVENTION & REVERSAL FUNDS WILL BE USED EDUCATE, PROMOTE AND REINFORCE TO OUR KEY STAKEHOLDERS THE IMPORTANCE OF CCA, THE BENEFITS OF SIF, AND PRACTICES TO REVERSE ACCIDENTAL OVERDOSE FUND WILL ALSO BE USED TO DEVELOP A BRONX-LED STATEWIDE ADVOCACY FORUM TO CREATE A STRATEGY TO BEST IMPLEMENT THE COMPASSIONATE CARE ACT (CCA) )
BREAST CANCER COALITION OF ROCHESTER840 UNOVERSITY AVENUE ROCHESTER,NY 14607	16-1541293	501(C)3	7,500		N/A	N/A	TO ERADICATING BREAST CANCER THROUGH ACTION AND ADVOCACY THE COALITION WILL ADVOCATE FOR THE COMPASSIONATE CARE ACT FOLLOWING ITS PASSAGE TO WORK TOWARD CAREFUL IMPLEMENTATION AND INCREASED COVERAGE FOR OTHER DISEASES AND/OR SIDE EFFECTS OF TREATMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 HEPATITIS ALLIANCE273 NINTH STREET SAN FRANCISCO, CA 94108	94-3052723	501(C)3	15,000		N/A	N/A	TO SUPPORT TWO CONJOINED ACTIVITIES A) AB 1743 IS EXPECTED TO BE ADOPTED BY THE STATE LEGISLATURE AND SIGNED BY THE GOVERNOR IT WOULD EXTEND CURRENT STATE LAW PERMITTING PHARMACISTS TO FURNISH STERILE SYRINGES WITHOUT A PRESCRIPTION, AND REMOVE THE CURRENT LIMIT ON THE NUMBER OF SYRINGES THAT CAN BE PURCHASED AT ONE TIME THIS GRANT WOULD PERMIT PROJECT INFORM TO EDUCATE PHARMACISTS ABOUT THE PROVISIONS OF AB 1743 FOLLOWING ITS ADOPTION B) AB 1535 IS EXPECTED TO BE APPROVED BY THE STATE LEGISLATURE AND SIGNED BY GOVERNOR BROWN IT WOULD PERMIT PHARMACISTS TO FURNISH NALOXONE WITHOUT A PRESCRIPTION IN ORDER TO PREVENT DEATHS FROM OPIOID OVERDOSE
CALIFORNIA SOCIETY OF ADDICTION MEDICINE (CSAM)575 MARKET STREET STE 2125 SAN FRANCISCO, CA 94105	23-7364605	501(C)3	15,000		N/A	N/A	TO CONTINUE ITS WORK IN CALIFORNIA AS AN EDUCATOR AND ADVOCATE FOR TREATMENT THIS WILL BE ACHIEVED BY POLICY ADVOCACY, INFORMATION DISSEMINATION AND BRAND ENHANCEMENT THROUGH MASS MEDIA, INTERNET MEDIA AND SPECIALTY (TRADE) MEDIA TO INFORM AND INFLUENCE POLICYMAKERS, SUPPORTERS, THE PROFESSIONAL COMMUNITY, AND THE PUBLIC
CANGRESS (DBA LA COMMUNITY ACTION NETWORK)530 S MAIN STREET LOS ANGELES, CA 90013	02-0661629	501(C)3	10,000		N/A	N/A	TO ADDRESS THE PUNITIVE, PROHIBITIONIST POLICIES THAT NEGATIVELY IMPACT DRUG USERS AND PEOPLE SUFFERING FROM ADDICTION WHO HAVE BEEN TARGETED FOR UNFAIR PUNISHMENT THROUGH THE CITY OF LA'S SAFER CITIES INITIATIVE, THE CITY'S HOUSING AUTHORITY, AND OTHER LOCAL AND STATE INSTITUTIONS AND POLICIES THE PROJECT WILL ENGAGE DIRECTLY IMPACTED PEOPLE AND OTHERS IN PROMOTING AND PASSING THE SAFE NEIGHBORHOODS AND SCHOOLS ACT OF 2014, WHICH WILL END FELONY SENTENCING FOR DRUG POSSESSION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 JUSTICE153 SOUTH PEARL STREET ALBANY,NY 12202	22-3070066	501(C)3	25,000		N/A	N/A	TO ENSURE OPPORTUNITIES CONCERNING THE ACA AND ALBANY'S PUBLIC OFFICIALS ARE ADEQUATELY LEVERAGED TO ACHIEVE BROADER DRUG REFORM OBJECTIVES
CENTER FOR LIVING AND LEARNING14549 ARCHWOOD STREET 221 VAN NUYS,CA 91405	95-4406897	501(C)3	15,000		N/A	N/A	TO HELP THE ORGANIZATION ADDRESS THE NEED TO CHANGE THE CULTURE OF TREATMENT AND RE-ENTRY PROVIDERS FROM WITHIN THE PROVIDER COMMUNITY
CLEO PARKER ROBINSON DANCE119 PARK AVENUE WEST DENVER,CO 80205	84-0632111	501(C)3	5,000		N/A	N/A	TO SUPPORT A TWO-DAY COMMUNITY ENGAGEMENT EVENT FEATURING JIMMY SANTIAGO BACA AS PART OF A GUEST SPEAKER SERIES AND WORKSHOPS FOR BOTH YOUTH AND ADULTS



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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	35,000		N/A	N/A	TO BUILD ON PREVIOUS SUCCESSES AND ADVANCE DRUG POLICY REFORM
COMMUNITY THRIVE620 WEST NEW YORK AVENUE GUNNISON,CO 81230	31-1650658	501(C)3	10,000		N/A	N/A	TO SUPPORT THRIVE IN LAUNCHING EDUCATIONAL RESOURCES AND IN DEVELOPING COLLABORATING RELATIONSHIPS WITH MULTIPLE ORGANIZATIONS TO FACILITATE AND CHANGE HOW WE DO DRUG PREVENTION
DANCESAFE800 GRANT STREET SUITE 110 DENVER,CO 80203	94-3365608	501(C)3	10,000		N/A	N/A	TO EXPAND DEVELOPING, IMPLEMENTING, AND EVALUATING A PUBLIC EDUCATION CAMPAIGN ABOUT THE GOOD SAMARITAN LAWS FIFTEEN STATES IN THE US HAVE GOOD SAM LAWS, AND LIKE THE 911 GOOD SAMARITAN LAW PASSED IN COLORADO IN MAY OF 2013, MANY HAVE NO KNOWLEDGE OF THESE LAWS AND THEIR IMPACT DANCESAFE SEES THIS AS AN OPPORTUNITY TO INCREASE AWARENESS, EDUCATION, ADVOCACY, AND APPLICATION OF THESE LAWS AMONG PEOPLE WHO USE DRUGS, ESPECIALLY YOUNG PEOPLE IN THE EDM COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 PO BOX 9853 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
DRUG POLICY FORUM OF HAWAIIPO BOX 83 HONOLULU,HI 96810	94-3263242	501(C)3	15,000		N/A	N/A	GENERAL OPERATING FUNDS WILL BE USED TO PAY FOR PARTIAL COMPENSATION FOR THE HALF-TIME EXECUTIVE DIRECTOR AND A PART-TIME ORGANIZER, AS WELL AS UNDERWRITING EXPENSES OF NEWSLETTERS, BROCHURES, EVENT FLYERS, ARTICLES AND RESEARCH PAPERS, DEVELOPING A SPEAKERS BUREAU, TRAVEL TO NEIGHBOR ISLANDS TO ENGAGE THE COMMUNITY IN "TALK STORY EVENTS" TO GATHER THE VOICE OF THE PEOPLE, OFFICE SPACE AND OFFICE INFRASTRUCTURE
DRUG POLICY PROJECT OF UTAH960 EAST 21ST STREET OGDEN,UT 84401	47-1003019	501(C)3	10,000		N/A	N/A	TO SUPPORT EFFORTS TO PASS A MEDICAL CANNABIS BILL AT THE 2015 UTAH STATE LEGISLATURE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 9639 RAILTON STREET HOUSTON,TX 77080	76-0514790	501(C)3	10,000		N/A	N/A	TO COVER THE COSTS OF ITS PRODUCTION OF ITS RADIO PROGRAM WHICH IN THIS CYCLE WILL SEEK TO PRODUCE ANOTHER 450 BROADCASTS IN MORE THAN 80 MARKETS
HARM REDUCTION ACTION CENTER733 SANTA FE DRIVE DENVER,CO 80204	84-1493585	501(C)3	15,000		N/A	N/A	TO IMPLEMENT PRACTICES AND POLICIES THAT HELP OTHER PUBLIC HEALTH ORGANIZATIONS AND PROFESSIONALS BETTER MEET THE NEEDS OF DENVER'S IDUS
ILLINOIS CONSORTIUM ON DRUG POLICY (FS ROOSEVELT UNIVERSITY) 430 S MICHIGAN AVENUE CHICAGO,IL 60605	36-2167854	501(C)3	25,000		N/A	N/A	SUPPORT FOR THE ILLINOIS CONSORTIUM ON DRUG POLICY ON ITS 10TH ANNIVERSARY WILL ALLOW IT TO WORK ON ITS OWN ORGANIZATIONAL EXPANSION OTHER WORK WILL INCLUDE PROMOTING MARIJUANA DECRIMINALIZATION AT THE STATE LEVEL, ADVANCING THE DISCUSSION AROUND TAXATION AND REGULATION OF CANNABIS, INCLUDING STUDY BILLS, EXPANDING ADVANCED HARM REDUCTION TECHNIQUES BY PROMOTING NALOXONE DISTRIBUTION IN JAILS UPON DISCHARGE AND STARTING A DIALOGUE ABOUT SAFE INJECTION ROOMS WITHIN CHICAGO , WORKING TO ENSURE THAT METHADONE MAINTENANCE AND BUPRENORPHINE IS COVERED UNDER MEDICAID EXPANSION, CONTINUING TO PROVIDE NALOXONE TRAININGS AND KITS IN THE COMMUNITY, AND INITIATING RESEARCH ON THE RISE OF FEMALE DRUG OFFENDERS IN ILLINOIS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
IMMIGRANT DEFENSE PROJECT28 WEST 39TH STREET SUITE 501 NEW YORK,NY 10018	13-2612524	501(C)3	7,500		N/A	N/A	TO FOCUS ON BUILDING AWARENESS AND SUPPORT FOR NEW YORK'S MARIJUANA DECRIMINALIZATION CAMPAIGN IN IMMIGRANT AND ALLY COMMUNITIES
INSTITUTE OF BLACK WORLD 21ST CENTURY31-35 95TH STREET EAST ELMHURST,NY 11369	30-0186895	501(C)3	25,000		N/A	N/A	TO SUPPORT ITS DRUG POLICY REFORM INITIATIVES WITH AN EMPHASIS ON ADAPTING THE LEAD PROGRAM FOR IMPLEMENTATION IN CITIES WITH JUSTICE COLLABORATIVES AND EDUCATIONAL AND ADVOCACY CAMPAIGNS TO END THE CRIMINALIZATION OF MARIJUANA THEY WILL CONTINUE TO ENGAGE FORMERLY INCARCERATED PERSONS,THE JUSTICE COLLABORATIVES (AS FIRST PRIORITY), COMMUNITY ACTIVISTS, PROFESSIONALS, FAITH AND LABOR LEADERS AND THE PUBLIC AT-LARGE IN BLACK COMMUNITIES IN PURSUING THIS WORK
INTERCAMBIOS PUERTO RICOALLE ROUND F-26 URB MONTE BRISAS FAJARDO,PR 00738	66-0731885	501(C)3	10,000		N/A	N/A	TO IMPLEMENT A PUBLIC EDUCATION AND ADVOCACY CAMPAIGN TO DECRIMINALIZE MARIJUANA IN PUERTO RICO AND LAY THE GROUNDWORK FOR A FUTURE CONVENING OF ISSUE EXPERTS AND STAKEHOLDERS TO DISCUSS PUERTO RICAN DRUG POLICY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JUSTICE NOT JAILS634 S SPRING ST SUITE 300 LOS ANGELES,CA 90014	95-4643127	501(C)3	20,000		N/A	N/A	TO ENGAGE AT LEAST 20 STRATEGICALLY-CHOSEN LOS ANGELES-AREA "BEYOND BARS" CONGREGATIONS TO BECOME FULLY EQUIPPED TO WORK ON A RANGE OF ISSUES CONCERNING MASS INCARCERATION DRUG POLICY, SENTENCING REFORM, THE SCHOOL-TO-PRISON PIPELINE, AND RE-ENTRY SUPPORT WE WILL ACTIVATE THESE CONGREGATIONS FOR STRATEGIC POLICY WORK IN CALIFORNIA AFTER FIRST HELPING THEM ADOPT NEW FRAMING AND LEARN NEW LANGUAGE IN REGARD TO DRUG USE AND DRUG USERS, LAYING THE GROUNDWORK FOR MARIJUANA LEGALIZATION IN CALIFORNIA IN 2016
JUSTICE STRATEGIES107 RIVER PARK DRIVE RARITAN,NJ 08869	94-3213100	501(C)3	15,000		N/A	N/A	SUPPORT TO EXAMINE THE PIVOTAL ROLE PROSECUTORS ARE PLAYING IN IMPLEMENTATION OF ROCKEFELLER DRUG LAW REFORMS
LEGAL SERVICES FOR PRISONERS WITH CHILDREN1540 MARKET STREET SUITE 490 SAN FRANCISCO,CA 94102	94-3080408	501(C)3	25,000		N/A	N/A	SUPPORT TO OPERATE A POLICY TRAINING ACADEMY AND LEADERSHIP DEVELOPMENT PROGRAM THAT AIMS TO CREATE A PARADIGM SHIFT IN CRIMINAL JUSTICE POLICY BY INCREASING THE LEADERSHIP AND VISIBILITY OF PRISONERS, FORMERLY INCARCERATED PEOPLE, AND FAMILIES WITH INCARCERATED LOVED ONES IN OUR MOVEMENT, AND BY BUILDING A ROBUST COMMUNITY INFRASTRUCTURE WITH CAPACITY TO EDUCATE POLICYMAKERS AND THE PUBLIC AT STATE AND COUNTY LEVELS, WE WILL INCREASE SUPPORT FOR POLICIES THAT REDUCE INCARCERATION AND RESTORE HUMAN AND CIVIL RIGHTS FOR PEOPLE IMPACTED BY THE DRUG WAR

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS ANGELES REGIONAL REENTRY PARTNERSHIP 2202 S FIGUEROA STREET 717 LOS ANGELES,CA 90007	94-4302067	501(C)3	15,000		N/A	N/A	GENERAL OPERATING SUPPORT WOULD BE USED IN TWO WAYS 1) FOR INFRASTRUCTURE DEVELOPMENT TO SUPPORT AND EXPAND CURRENT ACTIVITIES, AND 2) TO ADDRESS THE NEED FOR REENTRY HOUSING DESIGNED AROUND HARM REDUCTION AND HOUSING FIRST MODELS LARRP PROPOSES TO TACKLE THE REENTRY HOUSING SITUATION INCLUDING SECURING SUPPORT AND FUNDING NEEDED TO DEVELOP A HOUSING FIRST/HARM REDUCTION HOUSING MODEL
LOUISIANA PUBLIC HEALTH INSTITUTE1515 POYDRAS STREET SUITE 1200 NEW ORLEANS,LA 70112	72-1379921	501(C)3	25,000		N/A	N/A	TO SUPPORT THE NEW DIRECTIONS CONFERENCE IN NEW ORLEANS,LA ON APRIL 5TH, 2015
NEW MEXICO WOMEN'S JUSTICE PROJECTPO BOX 25501 ALBUQUERQUE,NM 871255501	81-0548043	501(C)3	15,000		N/A	N/A	SUPPORT FOR RESEARCH, USING THE PUBLIC RECORDS ACTS, EVERY FEMALE INMATE WHO WAS RE-INCARCERATED FOR A PAROLE VIOLATION, TO CONTINUE TO RESEARCH ALL WOMEN ON 'IN-HOUSE PAROLE AND ADVOCATE TO MAKE SURE THESE WOMEN ARE RELEASED, TO WRITE A COMPREHENSIVE REPORT FOR USE BY NMWJP AND THE DPA STATE OFFICE, AND TO PRESENT THE FINDINGS TO THE APPROPRIATE LEGISLATIVE COMMITTEES ENSURING IT IS AN ISSUE IN THE CURRENT GOVERNOR'S RACE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEW YORK ACADEMY OF MEDICINE1216 FIFTH AVENUE NEW YORK,NY 10029	13-1656674	501(C)3	10,000		N/A	N/A	SUPPORT TO WORK TOWARD TWO SPECIFIC GOALS THE FIRST GOAL IS TO WORK WITH PARTNERS IN ENGAGING AND EDUCATING THE DEBLASIO ADMINISTRATION IN IMPLEMENTING BLUEPRINT POLICY ALIGNMENT RECOMMENDATIONS FOR A COORDINATED DRUG POLICY STRATEGY THE SECOND GOAL IS TO ADVISE DPA ON INTEGRATING HARM REDUCTION INTO HEALTHCARE REFORM
NORTH CAROLINA HARM REDUCTION COALITION PO BOX 1376 DURHAM,NC 27709	20-3452075	501(C)3	20,000		N/A	N/A	SUPPORT TO CONTINUE ITS ADVOCACY FOCUSING ESPECIALLY ON A FULL SYRINGE DECRIM BILL, AND FOR AN EXPUNGEMENT BILL FOR PEOPLE ON PAROLE AND PROBATION WHO ARE FOUND WITH DRUG PARAPHERNALIA OR ARE THE VICTIMS OF ALCOHOL POISONING THEY WILL ALSO CONTINUE THEIR WORK WITH THE LARGER SOUTHERN COALITION OF ORGANIZATIONS WORKING FOR DRUG POLICY REFORM
OAKLAND COMMUNITY ORGANIZATIONS7200 BANCROFT AVENUE 2 OAKLAND,CA 94605	94-2494442	501(C)3	15,000		N/A	N/A	SUPPORT FOR THE ORGANIZATION IS SOUGHT TO CONDUCT GRASSROOTS ORGANIZING WITH RELIGIOUS CONGREGATIONS IN THE CITY OF OAKLAND TO BUILD AND EDUCATE A BASE OF FAITH-BASED LEADERS, WHO IN TURN WOULD BUILD THE PUBLIC WILL TO SUPPORT LEGISLATION FOR DRUG DECRIMINALIZATION THE EFFORT WOULD BE FOCUSED PRIMARILY, BUT NOT EXCLUSIVELY, ON AFRICAN AMERICAN RELIGIOUS INSTITUTIONS, WHOSE COMMUNITY HAS BORNE THE WORST BRUNT OF THE WAR ON DRUGS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ONE VOICE MISSISSIPPI PO BOX 3886 JACKSON,MS 39207	02-0787550	501(C)3	12,500		N/A	N/A	SUPPORT TO CONTINUE THE MOMENTUM TO ADDRESS OVER- INCARCERATION IN MISSISSIPPI AND TO ESTABLISH A COMPASSIONATE, HEALTH CARE CENTERED APPROACH TO DRUG USE
PARTNERSHIP FOR SAFETY & JUSTICE825 NE 20TH AVE SUITE 250 PORTLAND,OR 97232	93-1277774	501(C)3	15,000		N/A	N/A	SUPPORT TO HELP CREATE A MORE SUBSTANTIAL AND SUSTAINABLE BASE OF STATE FUNDING FOR NON-COERCIVE, COMMUNITY-BASED ADDICTION TREATMENT, RECOVERY, HARM REDUCTION, AND PREVENTION SERVICES THROUGH SUCCESSFUL IMPLEMENTATION OF JUSTICE REINVESTMENT, AN INCREASE SUPPORT FOR ALTERNATIVES TO INCARCERATION FOR PARENTS CONVICTED OF ADDICTION-DRIVEN CRIMES
PROTECT FAMILIES FIRST 55 JOHN STREET PROVIDENCE,RI 02906	46-0545147	501(C)3	15,000		N/A	N/A	GENERAL OPERATING SUPPORT FOR THE YOUTH-LED PFF TO CONTINUE TO EXPAND PROJECT HOPE AS WELL AS ITS CAMPAIGN TO TAX AND REGULATE MARIJUANA



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SAMUEL DEWITT PROCTOR CONFERENCE4533 S LAKE PARK CHICAGO,IL 60653	06-1707903	501(C)3	20,000		N/A	N/A	FUNDING TO IMPACT CLERGY AND LAY LEADERS' EFFORTS TO DISMANTLE MASS INCARCERATION, INTERVENE IN THE HIGH RATES OF UNFAIR YOUTH DETENTION AND USHER IN A HEALTH PARADIGM TO TREAT DRUG ADDICTION
SAN FRANCISCO DRUG USERS UNION (FS HARM REDUCTION THERAPY CENTER)149 TURK ST SAN FRANCISCO,CA 94102	94-3363781	501(C)3	35,000		N/A	N/A	FUNDING TO EXPAND ITS HOURS THIS GRANT PERIOD, AND STAFF, AS IT WORKS TO BUILD POLITICAL WILL IN SAN FRANCISCO TO DEVELOP A PILOT SAFE INJECTION FACILITY, AND SUCCESSFULLY HOLD A SECOND NATIONAL CONFERENCE OF DRUG
SAWBUCK PRODUCTIONS INC517 S EUCLID AVE 1 OAK PARK,IL 60304	59-3833461	501(C)3	10,000		N/A	N/A	TO SUPPORT THE DEVELOPMENT, CREATION, AND OPERATION OF A TRAVELING MOCK POP-UP SUPERVISED INJECTION FACILITY (SIF) EXHIBIT FOR INSTALLATION AT CONFERENCES AND IN PUBLIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SOUTHERN COALITION FO SOCIAL JUSTICE1415 WEST HIGHWAY 54 SUITE 101 DURHAM,NC 27707	26-0688375	501(C)3	20,000		N/A	N/A	SUPPORT TO CONTINUE ITS EXISTING CAMPAIGN TO MAKE MARIJUANA POSSESSION A LOWEST LAW ENFORCEMENT PRIORITY (LLEP) VIA A PILOT IN DURHAM, NC, HELP DEVELOP A MISDEMEANOR DIVERSION PROGRAM THAT INCLUDES DRUG CHARGES, SIMILAR TO THE SEATTLE LEAD PROGRAM AND PILOT A HARM-FREE ZONE PROGRAM IN DURHAM, NC THAT WILL ENCOURAGE PEOPLE TO SEEK COMMUNITY SOLUTIONS TO DRUG ACTIVITY RATHER THAN INVOLVING THE POLICE IN AN EFFORT TO REDUCE NON-VIOLENT DRUG CONVICTIONS
STUDENTS FOR SENSIBLE DRUG POLICY1011 O STREET NW 1 WASHINGTON,DC 20001	52-2296291	501(C)3	15,000		N/A	N/A	TO BUILD AND SUSTAIN OUR STUDENT NETWORK IN DC & FL THROUGH CAMPUS-BASED OUTREACH, RECRUITMENT, EDUCATION, AND ADVOCACY, ESPECIALLY IN SUPPORT OF MARIJUANA INITIATIVES AND WITH THE GOAL OF CONVERTING MARIJUANA POLICY ENTHUSIASTS TO DRUG POLICY ENTHUSIASTS
SUNCOAST HARM REDUCTION PROJECT661 ALLIGATOR DRIVE VENICE,FL 34293	33-0883927	501(C)3	7,500		N/A	N/A	TO FUND TRAVEL AND EDUCATIONAL MATERIALS AS NEEDED TO STRATEGICALLY PLAN FOR AND SUPPORT 2015 FLORIDA LEGISLATIVE BILL FOR LAYPERSON NALOXONE ACCESS TRAVEL TO TAMPA FOR "STRATEGIC PLANNING SUMMIT AND TRAVEL TO TALLAHASSEE TO TESTIFY AND EDUCATE LEGISLATORS ONCE BILL IS INTRODUCED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TEXAS CRIMINAL JUSTICE COALITION1714 FORTVIEW ROAD SUITE 104 AUSTION,TX 78704	74-2969471	501(C)3	20,000		N/A	N/A	WITH GENERAL SUPPORT FUNDING FROM DRUG POLICY ALLIANCE, TCJC WILL PURSUE A 2-PRONGED STRATEGY (1) TCJC WILL CONTINUE TO BUILD SUPPORT FOR VARIOUS POLICIES THAT DECRIMINALIZE DRUG OFFENSES, EXPAND ACCESS TO TREATMENT (IF NEEDED), AND REDUCE RELIANCE ON WASTEFUL, INEFFECTIVE IMPRISONMENT THESE EFFORTS WILL INCLUDE IMPROVING "TRACE" AMOUNT POLICIES, MARIJUANA DECRIMINALIZATION, TAILORED SUPERVISION AND TREATMENT, IF NECESSARY, AND A "GOOD SAMARITAN" POLICY AND (2) TCJC HAS ALSO UNDERTAKEN EFFORTS IN MAJOR COUNTIES TO PUSH INCREMENTAL CHANGES THAT MAY EVENTUALLY INFLUENCE STATEWIDE POLICY CHANGES WITH GRANT FUNDING, THEY WILL PARTICULARLY FOCUS ON HARRIS COUNTY (HOUSTON), WHICH IS TEXAS' LARGEST COUNTY AND THE GREATEST CONTRIBUTOR TO STATE PRISON POPULATIONS, TO PROMOTE DIVERSIONS AND OTHER STRATEGIES THAT WILL MORE ADEQUATELY ADDRESS THE INDIVIDUALIZED NEEDS OF PEOPLE ENGAGING IN CRIMINALIZED BEHAVIOR
THE ORDINARY PEOPLE SOCIETY (TOPS)403 WEST POWELL STREET DOTHAN,AL 36303	82-0587071	501(C)3	32,500		N/A	N/A	FUNDING TO SUPPORT ACTIVITIES AROUND THE 50TH ANNIVERSARY OF THE PETTIS BRIDGE MARCH, INCLUDING A MARCH ITSELF, AND A CONVENING OF KEY CLERGY AND FIPS--ABOUT 50 IN TOTAL--FOR A MAJOR STRATEGIC MEETING ON NEXT STEPS IN DRUG POLICY IN TOPS STATES ALABAMA, FLORIDA, AND GEORGIA ALSO FUNDING TO SUPPORT FACILITATE GRASSROOTS, CLERGY AND ELECTED OFFICIAL SUPPORT STATEWIDE FOR LEGISLATION THAT WILL ADDRESS STATE PRISON, SENTENCING AND DRUG TREATMENT BUDGETARY SHORTFALLS )
THE PEOPLE'S HARM REDUCTION ALLIANCEPO BOX 85038 SEATTLE,WA 98145	35-2307112	501(C)3	15,000		N/A	N/A	SUPPORT FOR PHRA IS FOR THEIR EFFORTS TO CONVINCE LOCAL STAKEHOLDERS TO SUPPORT A COMMUNITY-RUN SAFE INJECTION SITE IN KING COUNTY SIMULTANEOUSLY, THEY SEEK TO DEVELOP A BOX TRUCK INTO A MODEL MOBILE DRUG USER HEALTH CENTER THAT COULD LATER SERVE AS A SAFE INJECTION SITE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TWELVES ORGANIZATION INC43422 WEST OAKS 265 NOVI,MI 48377	27-4207876	501(C)3	15,000		N/A	N/A	SUPPORT THE EFFORTS IN OUTREACH, EDUCATION AND IDENTIFICATION OF OPPONENTS OF THE SO-CALLED "WAR ON DRUGS " IDENTIFICATION OF SUPPORTERS OF REFORM OF DRUG POLICY IN TEXAS AND LOUISIANA
UNITED METHODIST CHURCH AND SOCIETY100 MARYLAND AVENUE NE WASHINGTON,DC 20002	53-0204669	501(C)3	7,500		N/A	N/A	TO SUPPORT THE INTERFAITH CRIMINAL JUSTICE COALITION'S ADVOCACY WORK CHALLENGING THE WAR ON DRUGS, HARSH DRUG SENTENCES AND COLLATERAL CONSEQUENCES THAT CREATE OBSTACLES TO SUCCESSFUL REENTRY AFTER INCARCERATION
VOCAL (FS NYC AIDS HOUSING NETWORK - NYCAHN)80-A FOURTH AVENUE BROOKLYN,NY 11217	13-4094385	501(C)3	52,500		N/A	N/A	GENERAL OPERATING SUPPORT FOR THEIR COMMUNITY ORGANIZING WORK TO ADVANCE DRUG POLICY REFORM, WHICH IS CENTRAL TO THEIR MISSION AND CUTS ACROSS ALL OF THEIR ORGANIZING PROJECTS DPA FUNDING WOULD DIRECTLY SUPPORT TWO FULL-TIME AND ONE PART-TIME COMMUNITY ORGANIZER POSITIONS WHO PRIMARILY ORGANIZE AROUND DRUG USER HEALTH AND HARM REDUCTION CORE POLICY CHANGE GOALS, OBJECTIVES, AND ACTIVITIES THEY SEEK TO ACHIEVE DURING THE GRANT PERIOD ARE MUNICIPAL DRUG POLICIES AND BLUEPRINT IMPLEMENTATION, MARIJUANA DECRIMINALIZATION, AND PRE-BOOKING DIVERSION ALSO REQUESTING \$2,500 TO SUPPORT A MOBILIZATION TO ALBANY, NY ON JUNE 18TH TO SUPPORT PASSAGE OF THE COMPASSIONATE CARE ACT, WHICH WOULD ESTABLISH A COMPREHENSIVE MEDICAL MARIJUANA PROGRAM IN NEW YORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 INSTITUTE2914 NORTH MAIN 1ST FLOOR LOS ANGELES,CA 90031	74-2378901	501(C)3	25,000		N/A	N/A	FUNDING TO CONDUCT ACTIVITIES IN CALIFORNIA FROM SEPTEMBER 2014 TO SEPTEMBER 2015 AIMED AT PROMOTING DRUG POLICIES GROUNDED IN SCIENTIFIC FACT, REFORMING THOSE THAT ARE DRACONIAN AND PREJUDICED AGAINST LATINOS, AND HELPING TO PROVIDE DPAERS AND OTHER STAKEHOLDERS ACCESS TO KEY THOUGHT LEADERS AND LAWMAKERS FOR THIS CONSTITUENCY
WOMEN WITH A VISION 215 N JEFF DAVIS PARKWAY NEW ORLEANS,LA 70119	72-1202185	501(C)3	15,000		N/A	N/A	IS SEEKING GENERAL OPERATING SUPPORT TO CONTINUE ITS WORK, THIS YEAR FOCUSING ON COMMUNITY UNDERSTANDING AND ENGAGEMENT OF ITS JUST-PASSED GOOD SAM LAW
YOUNG WOMEN UNITEDPO BOX 8490 ALBUQUERGUE,NM 87108	85-0481224	501(C)3	15,000		N/A	N/A	FUNDING TO WORK TOWARDS THE FOLLOWING GOALS 1) ASSESS AND IDENTIFY OPPORTUNITIES FOR THE DEVELOPMENT OF POSITIVE DRUG POLICIES INFORMED BY EXPERTISE OF WOMEN AND FAMILIES THAT HAVE BEEN IMPACTED BY THE WAR ON DRUGS, AND 2) RUN A COMMUNITY ORGANIZING INSTITUTE TO BUILD MEANINGFUL ENGAGEMENT OF WOMEN AND FAMILIES IMPACTED BY THE WAR ON DRUGS IN THE 2015 LEGISLATIVE SESSION

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
DRUG POLICY ALLIANCE

Employer identification number  
52-1516692

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8	Were any amounts reported in Form 990, Part VII, paid or 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.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ETHAN NADELMANN, EXECUTIVE DIRECTOR	(i)	279,506	0	774	28,700	13,390	322,370	0
	(ii)	0	0	0	0	0	0	0
2 RYAN CHAVEZ, DIR OF FINANCE AND ADMIN	(i)	143,386	0	414	14,323	8,046	166,169	0
	(ii)	0	0	0	0	0	0	0
3 STEPHEN GUTWILLIG, DEPUTY EXECUTIVE DIR OF P	(i)	142,791	0	414	14,700	7,161	165,066	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
------------------	-------------



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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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	3	211,433	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 III**

**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 990-EZ 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](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014****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 TO THE EXECUTIVE DIRECTOR FOR HIS 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 FISCAL YEAR 2015.

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 XI, LINE 9	GRANT REFUNDS 8,000

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