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 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning $JAN 1$, 2018 and ending	JUN 30, 2018
В	Check if	C Name of organization	D Employer identification number
a	pplicable	Stinents for Sensible Didg Policy	
	_Address _change	Foundation	Ţ
	Name change	Doing business as	52-2296291
	Initial return	Number and street (or P 0. box if mail is not delivered to street address) Room/sui	te E Telephone number
	Final return/	1011 O Street NW 1	(202)393-5280
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts S 317,449.
i	Amende		H(a) Is this a group return
Ē	Applica		for subordinates? Yes X No
	pending	same as C above	H(b) Are all subpromates included? Yes No
	Гах-ехе	mpt status X 501(c)(3) 501(c)() (Insert no) 4947(a)(1) or 15	
		ssdp.org °	H(c) Group exemption number ▶
			ar of formation 2000 M State of legal domicile DC
		Summary	I W
L		Briefly describe the organization's mission or most significant activities Education	and outreach regarding
Governance		sensible drug policies. See Part III and Sch	nedule O.
'nai	-	Check this box if the organization discontinued its operations or disposed of mo	
Ϋ́е	1	Number of voting members of the governing body (Part VI, line 1a)	3 16
ဌိ	1	Number of voting members of the governing body (Fart VI, line 1a)	4 15
త	1	Fotal number of individuals employed in calendar year 2018 (Part V, line 2a)	Y 5
Ë	١, ,	Fotol according of columbia are footomate of management.	1
Activities &	7.7	Fotal number of volunteers (estimate if necessary) Fotal unrelated business revenue from Part VIII, column (C), The CEIVED Net unrelated business taxable income from Form 990-T, JingseceiveD	
Ą	/a :	lotal unrelated business revenue from Part VIII, column (c), The CEIVED	
	D		
		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) MAR 0 5 2019	Prior Year Current Year 712,791. 277,725.
ne		Contributions and grants (Part VIII, line 1h) MAR 0 5 2019	29,101. 39,724.
Revenue	1		
Be	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d 10c OGDEN, UT	20,166.
		J e	0. 0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	762,058. 317,449.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,955. 6,851.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)	430,565. 237,334.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
Š	b 1	Fotal fundraising expenses (Part IX, column (D), line 25)	
ш	17 (Other expenses (Part IX. column (A), lines 11a 11d, 11f-24e)	298,966. 170,095.
	1	Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	750,486. 414,280.
	19 F	Revenue less expenses Subtract line 18 from line 12	11,572. <96,831.
Net Assets or Fund Balances		F	Beginning of Current Year End of Year
Set	20 1	Total assets (Part X, line 16)	233,187. 129,561.
A E	21	Fotal liabilities (Part X, line 26)	4,557. 9,613.
<u> </u>	22 1	Net assets or fund balances Subtract line 21 from line 20	228,630. 119,948.
		Signature Block	
		lties of perjury $_{f l}$ $f l$ declare that $f l$ have examined this return, including accompanying schedules and stat	•
true	, correct	t, and complete. Declaration <u>of preparer (</u> other than officer) is based on all information of which prepa	rer has any knowledge
	1		12/2/012-819
Sig	ın	Signature d'officer	Date 15 0 1
He	re	Betty Aldworth, Executive Director	
		Type or print name and title	
	- 1	Print/Type preparer's name Preparer's signature	Date Check PTIN
Pai	d į	Lori A. Collingsworth	02/15/19 self employed P00639819
	parer	Firm's name Rogers & Company PLLC	Firm's EIN > 58-2676261
Use	Only	Firm's address 8300 Boone Boulevard, Suite 600	
		Vienna, VA 22182	Phone no (703) 893-0300
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)	X Yes No
832	001 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2018

See Schedule O for Organization Mission Statement Continuation

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission	
	SSDP Foundation mobilizes and empowers young people to push for	
	sensible policies to achieve a safer and more just future while	
	fighting back against counterproductive Drug War policies,	
	particularly those that directly harm students and youth.	
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 X 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 X 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 e	xpenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 300, 182 · including grants of \$ 6,851 ·) (Revenue \$	39,724.)
	SSDP trained thousands of students in grassroots skills such as	
	organizing, leadership, public speaking, community education,	
	fundraising, and advocacy. We educated students about drug poli	cies
	including those related to changing marijuana and other drug	
	prohibition policies to be more sensible and less punitive, pro	moting
	harm reduction/overdose prevention practices, providing evidence	
	drug education, and teaching students about international drug	policy
	racial justice, civil rights, human rights and their constituti	onal
	rights. The national staff organized an international conference	
	similar topics for more than 400 students.	<u>e on</u>
	similar copies for more chan 400 seddenes.	
	See Schedule O for continuation.	
41-		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		
		
		
		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 300, 182.	
		Form 990 (2018)

Students For Sensible Drug Policy Foundation

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Form 990 (2018) Foundation
Part IV Checklist of Required Schedules

			res	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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
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	-	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			*
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		Х
' '				
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
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		х
С	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		X
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	-
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	405	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Α	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		 ^
U	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		Х
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		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II			х
	domestic government on Part IX, column (A), line 1711 Tes, complete scriedule I, Parts Land II	21	L	<u> </u>

Form 990 (2018) Foundation
Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
21a	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	نا24		
С	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?	24u		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	formor officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			٠,,
	complete Schedule L, Part II	26		X
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			v
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
•	instructions for applicable filing thresholds, conditions, and exceptions)	00-		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee / if res, complete schedule E, Fart iv An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer.	280		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u> </u>
•	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	L	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Dat	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai				(40)
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable 1a 0			1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the experience constitution and the form and the f			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	1
93000	(gambling) winnings to prize winners?	1c	X	(0015)
002004	1 12-31-18	rorm	フプリ	(2018)

ı uı	t V Statements regarding Street into things and tax Sombianos (Sombianos)			
			Yes	No
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 2a 0			اــــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Λ.
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ	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)			X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		- 21
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		-
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	,	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			ļl
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
		9b		ļ
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			li
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11 a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	ļ	ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O			

Students For Sensible Drug Policy

Form 990 (2018) Foundation

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

	to fine ba, ob, or rob below, describe the circumstances, processes, or changes in schedule of see instructions			[37]				
800	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management		Т					
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16	4						
	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 15	4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ļ	1					
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6	Х					
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	х					
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		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<u> </u>						
	The governing body?	8a	х					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- OD						
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	_ =		- 22				
	tion 21.7 office (mic election 2 requests another about policies not required by the internal revenue dode)		Yes	No				
102	Did the organization have local chapters, branches, or affiliates?	10a	X	No				
		10a						
	of "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
110	and branches to ensure their operations are consistent with the organization's exempt purposes?							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		\ _V					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		ا ب					
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
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?	1						
	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	Х					
	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		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►CA		_					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	able				
	for public inspection. Indicate how you made these available. Check all that apply	,						
	X Own website X Another's website X Upon request 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	d finan	cial					
	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							
	Mission First - (508) 343-0668	_						
	824 Wilde Avenue, Drexel Hill, PA 19026							

Form 990 (2018)

Foundation

52-2296291

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organization n	or any related	orga	anıza	ation	CO	mpei	nsat	ted any current officer,	director, or trustee	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	/do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	, unte	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	\vdash	· ·	no a d	Irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	Đ lõ	93			ated	ł	organization	(W-2/1099-MISC)	from the
	related organizations	nstee	trust		ೄ	iben:		(W-2/1099-MISC)		organization and related
	below	ual tr	loual		old (5 8	l _			organizations
	line)	Divipu	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			organizations
(1) Eric Gudz	1.00		=		Ť					
Chair Jan-March 2018		X		Х	ļ					
(2) Ismaıl Ali	1.00									
Vice Chair, Chair March 2018-present		Х		X						
(3) Amy Hildebrand	1.00									
Vice Chair March 2018-present		Х		Х	<u> </u>	_				
(4) Rachel Wissner	1.00		ļ							
Secretary Jan 2018-March 2018	4 00	Х	_	X	Ь.		_			
(5) Zane Bader	1.00									
Secretary March 2018-present	1 22	Х		Х	_		L	ļ		
(6) Ailogwehme Anthony Taiwo	1.00						1			
Student Director		Х			L_					
(7) Emma Rodrguez Romero	1.00									
Student Director		Х	_		╙	L				
(8) James Gould	1.00					1				
Student Director		Х		<u> </u>	_		L_			
(9) Juana A. Boateng	1.00									
Student Director		X			L			<i>,</i>		
(10) Katle Stone	1.00									
Student Director		Х								
(11) Kevın Garcia	1.00]								
Student Director		Х			L	L				
(12) Leslie Templeton	1.00									
Student Director		X								
(13) Monique Chavez	1.00									
Student Director		X			L					
(14) Odunola Oladejo	1.00								·	-
Student Director		X							_	
(15) Richard Hartnell	1.00									
Student Director		X	L							
(16) Riley Tillitt	1.00									
Student Director		X	L	L	L		L			
(17) Robert Hofmann	1.00							1		
Student Director		X		1			1			

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
, · (A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Estimat	ed
•	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			of
	week (list any		1		1	T	Ι	from	from related		othe	
	hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC		mpens from tl	
	related	0 00	stee			nsate		(W 2/1099 MISC)	(** 27 1055 141100	· 1	organiza	
	organizations	truste	Institutional trustee		ag.	iad urc		(** 2. **555 *****55,			and rela	
	below	ndual	lution	ಹ	Key employee	estco	ᇐ			0	rganızat	ions
	line)	ģ	Inst	Officer	Key	Highest compensated employee	Former		-			
(18) Sara Velimirovic	1.00						ĺ					
Student Director		X							·			
(19) Eric Sterling	1.00											
Alumni Director		X			L		_					
(20) Evan Nison	1.00						l					
Alumni Director	1 00	X			L	<u> </u>	<u> </u>			\perp		
(21) Kat Murti	1.00				ĺ							
Alumni Director	40.00	X		<u> </u>		_	<u> </u>					
(22) Betty Aldworth	40.00											
Ex Officio/ Executive Director		Х	ļ	X		ļ	ļ			_		
		<u> </u>			_	_	<u> </u>					
,		ł							,			
		-	<u> </u>			<u> </u>	<u> </u>					
		ł										
	 		_	<u> </u>	-	├	┝					
	-	ł										
1b Sub-total	1					<u> </u>	╚			+		
	II Saation A									+		
 c Total from continuation sheets to Part V d Total (add lines 1b and 1c) 	ii, Section A									+-		
Total number of individuals (including but r	not limited to th	1000	liete	h al	hove	e) w	10 r	eceived more than \$100) NNN of reportable			
compensation from the organization	iot iiinitea to ti	1036	11310	o a	DOV	C) WI	10 11	eceived more than wroc	,,000 or reportable			
compensation from the organization		-									Yes	No
3 Did the organization list any former officer,	director, or tri	iste	e. ke	v er	nolo	ovec	or	highest compensated e	molovee on			
line 1a? If "Yes," complete Schedule J for s			-,	,,		-,	,	gor. orpooa.oa		ј 3	. 1	x
4 For any individual listed on line 1a, is the si		le co	amo	ensa	atior	n and	d ot	her compensation from	ľ		 	
and related organizations greater than \$15									4	- -	x '	
5 Did any porson listed on line 1a receive or										İ	Ι.	
rendered to the organization? If "Yes," com					-					5		X
Section B. Independent Contractors				•								
1 Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of comp	ensatio	n from	
the organization Report compensation for												
(A)								(B)			(C)	
Name and business	address	N	INC	3				Description of s	ervices	Com	pensation	on
							_					
							_					
									1			
							_					
O. T. I. I.												
2 Total number of independent contractors (ot li	mite	d to	tho	se li	stec	I above) who received in	nore than			
\$100,000 of compensation from the organi	zation >										_m 990	(0015)
										E 0 1	~ ~~	1.31.11.OV

Statement of Revenue

Form 990 (2018) Part VIII

Form 990 (2018)

* Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 7R\ (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 277,725. similar amounts not included above 6,000. g Noncash contributions included in lines 1a-1f \$ 277,725. h Total. Add lines 1a-1f Business Code 38,500. 38,500. 2 a Conference income 611710 Program Service Revenue Honoraria & other 611710 1,224. 1,224. d f All other program service revenue 39,724. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Rovalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a 11d 317,449. 39,724. 0. Total revenue See instructions

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 (D) Fundraising expenses (A) (B)
Program service Do not include amounts reported on lines 6b. Management and general expenses Total expenses 7b. 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 6,851. 6,851 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 38,353. 28,381 4,219 5,753. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 168,308. 139,974 18,996. 9,338. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 12,840. 12,840 9 Other employee benefits 17,833. 14,651. 1,905. 1,277. Payroll taxes 10 Fees for services (non employees) a Management 2,806. 2.806. Legal b 15,527. 15,527. c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 13,400. 9,650. 3,750 column (A) amount, list line 11g expenses on Sch O) 152. 81. 71 Advertising and promotion 12 22,832. 14,875. 7,618. 339. 13 Office expenses 8,084. 6,923. 1,161. 14 Information technology Royalties 15 784 20,099 20,883. 16 Occupancy 17,025. 16,200. 511 314. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 59,219. 65. 58,856 298 Conferences, conventions, and meetings 19 20 21 Payments to affiliates 4,706. 4,706. 22 Depreciation, depletion, and amortization 2,550. 2,550 23 Insurance 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 () License and permits 2,761. 2,386. 375. Contributions 150. 150. C d All other expenses 414,280. 300,182. 96,637. 17,461. Total functional expenses Add lines 1 through 24e Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here

If following SOP 98-2 (ASC 958-720)

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 146,695. 76,782. 1 Cash - non-interest-bearing 1 21,192. 834. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 600. 600. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instr). Complete Part II of Sch L. 6 Notes and loans receivable, net 7 Inventories for sale or use 8 3,697. 5,740. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 21,149. 10a basis Complete Part VI of Schedule D 19,453. 1,033. 1,696. b Less accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities 12 Investments · other securities See Part IV, line 11 12 13 Investments · program-related See Part IV, line 11 13 36,136. 31,926. 14 14 Intangible assets 23,834. 11,983. 15 Other assets See Part IV, line 11 15 233,187. 129,561. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,557. 9,613. Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 4,557. 9,613. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here \(\bigvee X \) and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 96,460. 39,902. Unrestricted net assets 27 80,046. 132,170. Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 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 32 119,948. 129,561. 228,630. 33 Total net assets or fund balances 33 233,187. Total liabilities and net assets/fund balances 34

Form **990** (2018)

Students For Sensible Drug Policy Foundation

Form	n 990 (2018) Foundation	52-22	96291	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	· Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			49.
2	Total expenses (must equal Part IX, column (A), line 25)	2			80.
3	Revenue less expenses Subtract line 2 from line 1	3			<u>31.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	228	3,6	30.
5	Net unrealized gains (losses) on investments	_ 5			
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	<11	L,8	<u>51.</u> >
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	119	9,9	48.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				į į
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			ا ا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			. 1
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				ال ـ ـ ـ ـ ا
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				i
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			ı
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			أحددا
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Audit			ı
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			·
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

' (Form 990 or 990-EZ)

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Students For Sensible Drug Policy

2018

Open to Public Inspection

Foundation

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

Employer identification number 52-2296291

Part	Reason for Public	Charity Status (All organizations must co	omplete th	is part) Se	ee instructions					
— The orgar	nization is not a private found	dation because it is (For lines 1 through 12, o	heck 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 (Form 990 or 990-EZ))										
з 🗀	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	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit describ	ped in				
	section 170(b)(1)(A)(iv). (0	Complete Part II)									
6 🔲	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).					
7 X	An organization that norma						public described in				
	section 170(b)(1)(A)(vi). (C	•		J		J	•				
8 🔲	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II)							
9 🔲	An agricultural research org				ed in conju	inction with a land-grant	college				
	or university or a non-land-	=			•	-	ū				
	university		,			· ·					
10 🔲	An organization that norma	Illy receives (1) more	than 33 1/3% of its sur	port from	contribution	ons, membership fees, a	and gross receipts from				
	activities related to its exer										
	income and unrelated busi	•	•	٠,,		· · ·	•				
	See section 509(a)(2). (Co		,			, , , , , , , , , , , , , , , , , , , ,	, , ,				
11 🔲	An organization organized		ively to test for public sa	fety Sees	section 50	09(a)(4).					
12 🔲	An organization organized	•		•			e purposes of one or				
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section !	509(a)(2)	See section 509(a)(3) . (Check the box in				
	lines 12a through 12d that	describes the type of	of supporting organization	n and com	plete lines	s 12e, 12f, and 12g					
a \square	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	janization(s), typically by	giving				
	the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting				
	organization You must o						., .				
ь 🗆	Type II. A supporting org	•		tion with it	s supporte	ed organization(s), by ha	iving				
	control or management of										
	organization(s) You mus										
с <u></u>	Type III functionally inte	-		in connec	tion with, a	and functionally integrate	ed with,				
	its supported organizatio										
a 🗀	Type III non-functionally	• • •		-		·	zation(s)				
	that is not functionally inf						` '				
	requirement (see instruct	-		•		•					
e 🗀	Check this box if the orga	·		-							
	functionally integrated, o					31 7 31 7 31					
f Ent	er the number of supported	• •	7 3 11	3 - 3							
	vide the following information	-	ed organization(s)								
	(ı) Name of supported	(II) EIN	(III) Type of organization	(iv) is the orga in your governi	nization listed no document?	(v) Amount of monetary	(vi) Amount of other				
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
			-								
_											
Total											

Schedule A (Form 990 or 990-EZ) 2018 Foundation

52-2296291 Page 2

Part II Support Schedule fo										
(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1 Gifts, grants, contributions, and		~ .								
membership fees received (Do not					- 1					
include any "unusual grants ")	463,420.	598,137.	732,855.	712,791.	277,725.	2,784,928.				
2 Tax revenues levied for the organ-				•						
ization's benefit and either paid to										
or expended on its behalf										
3 The value of services or facilities				-	·					
furnished by a governmental unit to	•			• ;						
the organization without charge				-						
4 Total. Add lines 1 through 3	463,420.	598,137.	732,855.	712,791.	277,725.	2,784,928.				
5 The portion of total contributions			30.3							
by each person (other than a	i i									
governmental unit or publicly	İ		المُعْمَدُ اللَّهُ اللَّا اللَّهُ اللَّا اللَّهُ اللَّا اللَّا اللَّهُ اللَّهُ اللَّهُ اللَّهُ الللَّهُ اللَّهُ اللَّهُ اللَّا							
supported organization) included			1300							
on line 1 that exceeds 2% of the										
amount shown on line 11,										
column (f)			<i>x</i>			481,608.				
6 Public support. Subtract line 5 from line 4										
Section B. Total Support										
Calendar year (or fiscal year beginning in)		(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
7 Amounts from line 4	463,420.	598,137.	732,855.	712,791.	277,725.	2,784,928.				
8 Gross income from interest,		L.								
dividends, payments received on										
securities loans, rents, royalties,	17	10		100	0	140				
and income from similar sources	17.	12.	8.	106.	0.	143.				
9 Net income from unrelated busines	5									
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) 11 Total support. Add lines 7 through 10						2 705 071				
		200)			40	2,785,071. 158,751.				
12 Gross receipts from related activities13 First five years. If the Form 990 is from 100 is from			d faurth ar fifth ta		12 n 501(n)(2)	130,731.				
organization, check this box and st		inst, second, trin	u, iouriii, or iiitii ta	ix year as a section	11 50 1(0)(3)	▶□				
Section C. Computation of Pul	olic Support Pe	rcentage								
14 Public support percentage for 2018		· · · · · · · · · · · · · · · · · · ·	olumo (fi)		14	82.70 %				
15 Public support percentage from 20		-			15	79.43 %				
16a 33 1/3% support test - 2018. If the			line 13, and line 1	l 14 is 33 1/3% orm						
stop here. The organization qualifie				1 - 13 00 17070 UFT	iore, check this DC	x and ►X				
b 33 1/3% support test - 2017. If the				line 15 is 33 1/3%	or more check th	-				
and stop here. The organization qu					Si more, oneck ti	▶ □				
17a 10% -facts-and-circumstances te				: 13, 16a or 16b a	and line 14 is 10%	or more				
and if the organization meets the "fa										
•					tilo organ	>				
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or										

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Students For Sensible Drug Policy Schedule A (Form 990 or 990-EZ) 2018 Foundation 52-2296291 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 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) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (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 h 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 Public support. (Subtract line 7), from line 6 Section B. Total Support Calendar year (or fiscal year beginning in) /(b) 2015 (a) 2014 (c) 2016 (d) 2017 (e) 2018 (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 Unrelated husiness 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, , 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 pergentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 % 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))

18 Investment income percentage from 2017 Schedule A, Part III, line 17

19a 33 1/3% support tests - 2018. 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 - 2017. 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

%

%

17

18

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

<u>s</u>

ec	tion 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 Part VI 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 Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	_		
	(b) and (c) below	3a		
ь	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 Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
_	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		-
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	70		
~	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			
Ŭ	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		
52	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	- 40		
-	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		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already			
-	designated in the organization's organizing document?			
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		\vdash
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			\vdash
~	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			\vdash
-	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 Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ja	_	\vdash
-	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
٥	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	อม	 	\vdash
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section	- 50	-	\vdash
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		;	1
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

determine whether the organization had excess business holdings)

Students For Sensible Drug Policy

Schedule A (Form 990 or 990 EZ) 2018 Foundation 52-2296291 Page 5 Part IV | Supporting Organizations (continued) Yes No 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 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 Part VI 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 1 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated. supervised, or controlled the supporting organization 2 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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) 2 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 Part VI the role the organization's supported organizations played in this regard 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions). The organization satisfied the Activities Test Complete line 2 below а The organization is the parent of each of its supported organizations. Complete line 3 below b С Intering The The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) 2 Activities Test Answer (a) and (b) below. 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 Part VI identify those supported organizations and explain 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 Part VI 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 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or clock a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За 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

Students For Sensible Drug Policy

Schedule A (Form 990 or 990 EZ) 2018 Foundation

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sect	ion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
ę	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Mınımum 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y integrate	ed Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

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Par	ŧ۷	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		<u></u>
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	zations, in excess of income from activity			
3	Admir	is			
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrib	outions to attentive supported organizations to which th	ne organization is responsive	e '	
	(provid	de details in Part VI) See instructions	· · · · · · · · · · · · · · · · · · ·		
9	Distrib	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(ı) Excess Distributions	(II) Underdistributions Pre-2018	(III) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2018 (reason			
	able c	ause required explain in Part VI) See instructions			
3	Exces	s distributions carryover, if any, to 2018			
а	From:	2013			
b	From:	2014			
С	From:	2015			
d	From:	2016			
е	From:	2017			
f	Total				
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
	Carry	over from 2013 not applied (see instructions)			
1	Rema	ınder Subtract lines 3g, 3h, and 3ı from 3f			
4	Distrib	outions for 2018 from Section D,			
	line 7	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2018 distributable amount			
С	Rema	inder Subtract lines 4a and 4b from 4			
5		ining underdistributions for years prior to 2018, if			
		Subtract lines 3g and 4a from line 2 For result greater		,	
		ero, explain in Part VI. See instructions			
6		ining underdistributions for 2018 Subtract lines 3h			
	and 4	b from line 1 For result greater than zero, explain in	•		·
		/I See instructions			
7	Exces	ss distributions carryover to 2019. Add lines 3j			
	and 4				
8		down of line 7			
		s from 2014			
		s from 2015			
С	Exces	s from 2016			
		s from 2017			
е	Exces	s from 2018			<u> </u>

Schedule A (Form 990 or 990-EZ) 2018

Students For Sensible Drug Policy 52-2296291 Page 8 Schedule A (Form 990 or 990 EZ) 2018 Foundation 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) Schedule A, Part II, Short Year Explanation: The organization changed its year end in 2018 from a calendar year end to a fiscal year ended June 30th. The amounts in column (e) 2018 represents the short year January 1-June 30, 2018. Columns (a)-(d) represent the full calendar years preceding the fiscal year change. (a) January 1, 2014 - December 31, 2014 January 1, 2015 - December 31, 2015 January 1, 2016 - December 31, 2016

(d) January 1, 2017 - December 31, 2017

(e) January 1, 2018 - June 30, 2018 (short-year)

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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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

OMB No 1545-0047

If the organization answered "Yes," on 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," on 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-B

If the organization answered "Yes," on 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) organiza	itions Complete Part III			
Name of organization	Student	s For Sensible I	Orug Policy	Em	oloyer identification number
	Foundat				52-2296291
Part I-A Com	plete if the or	ganization is exempt un	der section 501(c)	or is a section 527	organization.
 Provide a descrip Political campaig Volunteer hours f 	n activity expendi		cal campaign activities	ın Part IV	\$
Part I-B Com	plete if the or	ganization is exempt un	der section 501(c)	(3).	
		incurred by the organization un	· · · · · · · · · · · · · · · · · · ·	>	\$
	-	incurred by organization manage			
		on 4955 tax, did it file Form 4720			Yes No
4a Was a correction		·	,		Yes No
b If "Yes," describe					
Part I-C Com	plete if the or	ganization is exempt un	der section 501(c)	, except section 501	(c)(3).
1 Enter the amoun	t directly expende	d by the filing organization for se	ection 527 exempt func	tion activities	\$
2 Enter the amoun	t of the filing organ	nization's funds contributed to o	ther organizations for s	ection 527	
exempt function	activities	·		•	\$
3 Total exempt fun	ction expenditure	Add lines 1 and 2 Enter here	and on Form 1120-POL	*1	
line 17b				>	\$
4 Did the filing orga	anızatıon file Form	1120-POL for this year?			Yes No
made payments contributions ree	For each organiza elived that were pi	mployor identification number (E ition licted, enter the amount pa omptly and directly delivered to additional space is needed, pro	ud from the filing organi a separate political org	zation's funds. Also entor janization, such as a sepai	the amount of political
(a) Nai	me	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter 0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
					•

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

Schedule C (Form 990 or 990-EZ) 2018

0.1		For Sensible	Drug Policy		206201
Schedule C (Form 990 or 990 EZ) 2018 Part II-A Complete if the organization of the complete in the organization of the complete in the organization of the complete in the organization of the complete in the organization of the complete in the organization of the complete in the complete in the organization of the complete in the			on 501/0/2) and fil		296291 Page 2
section 501(h)).	gamzation is e	xempt under section	ni so i(c)(s) and in	ed i oiiii 5700 (ei	lection under
A Check If the filing organiza	ation belongs to ar	affiliated group (and list i	n Part IV each affiliated	group member's nam	ne, address, EIN,
• expenses, and sha	are of excess lobby	ing expenditures)			
B Check ▶ ☐ If the filing organiza	ation checked box	A and "Ilmited control" pr	ovisions apply		
	its on Lobbying E ditures" means a	xpenditures mounts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	luence public opini	on (grass roots lobbying)		4,634.	
		.= .		3,600.	
c Total lobbying expenditures (add	lines 1a and 1b)			8,234.	
d Other exempt purpose expenditur	res			406,046.	
e Total exempt purpose expenditure	es (add lines 1c an	d 1d)		414,280.	
f Lobbying nontaxable amount Ent	tor the amount fron	the following table in be	th columns.	82,856.	
If the amount on line 1e, column (a)	or (b) is: The	lobbying nontaxable an	nount is:		
Not over \$500,000	20%	of the amount on line 1e)		
Over \$500,000 but not over \$1,00	00,000 \$10	0,000 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,5					
Over \$1,500,000 but not over \$17	ess over \$1,500,000				
Over \$17,000,000					
g Grassroots nontaxable amount (en	nter 25% of line 1f				
h Subtract line 1g from line 1a If zei	ro or less, enter -0-				
 Subtract line 1f from line 1c If zer 	·			0.	
J If there is an amount other than ze	ero on either line 11	or line 1i, did the organiz	ation file Form 4720	-	
reporting section 4911 tax for this	o influence a legislative body (direct lobbying) add lines 1a and 1b) ditures ditures (add lines 1c and 1d) Entor the amount from the following table in both columns. 1a(a) or (b) is: The lobbying nontaxable amount is: 20% of the amount on line 1e 11,000,000 \$100,000 plus 15% of the excess over \$500,000 \$1,51,500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$1,000,000 11 (enter 25% of line 1f) If zero or less, enter -0- an zero on either line 1h or line 1i, did the organization file Form 4720 1 Yes No 4-Year Averaging Period Under Section 501(h) ons 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				
(Some organizations t	that made a section See the se	on 501(h) election do not parate instructions for l	have to complete all nes 2a through 2f.)	of the five columns b	elow.
	Lobbying Ex	penditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	114,85	5. 163,510.	137,573.	82,856.	498,794.
b Lobbying ceiling amount (150% of line 2a, column(e))				· · · · · · · · · · · · · · · · · · ·	748,191.
c Total lobbying expenditures	70	1,284.	60.	8,234.	10,279.
d Grassroots nontaxable amount	28,71	4. 40,878.	34,393.	20,714.	124,699.
e Grassroots ceiling amount (150% of line 2d, column (e))					187,049.

701.

6,679. Schedule C (Form 990 or 990-EZ) 2018

4,634.

f Grassroots lobbying expenditures

1,284.

60.

Schedule C (Form 990 or 990-EZ) 2018 Foundation

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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)).

	(6	a) 	(k)
e lobbying activity	Yes	No	Amo	ount
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				
Volunteers?				
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
Media advertisements?				
Mailings to members, legislators, or the public?				
Publications, or published or broadcast statements?				
Grants to other organizations for lobbying purposes?				
Direct contact with logislators, their staffs, government officials, or a logislative body?				
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
Other activities?				
Total Add lines 1c through 1i				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
If "Yes," enter the amount of any tax incurred under section 4912				
If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
t III-A Complete if the organization is exempt under section 501(c)(4), section	ion 501(c)	(5), or se	ection	
501(c)(6).				
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Did the organization agree to carry over lobbying and political campaign activity expenditures from the	the prior yea	r? 3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	d "No," Ol		ection t III-A, lis	1е 3, і
answered "Yes."	d "No," Ol	R (b) Par		ne 3, i
answered "Yes." Dues, assessments and similar amounts from members				ne 3, i
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).		R (b) Par		ne 3, i
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).		R (b) Par		ne 3, i
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year		1 2a		ne 3, i
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year		1 2a 2b		ne 3, i
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answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excited the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	cess	1 2a 2b 2c 3		ne 3,
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	ical cess political	2a 2b 2c 3	t III-A, lin	ne 3,
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) TiV Supplemental Information Ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	ical cess political	2a 2b 2c 3	t III-A, lin	ne 3,
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answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) TiV Supplemental Information Ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds)	ical cess political	2a 2b 2c 3	t III-A, lin	ne 3, i
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answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) tiv Supplemental Information Ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grounds on the part II-B, line 1. Also, complete this part for any additional information.	ical cess political	2a 2b 2c 3	t III-A, lin	ne 3,
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) tiv Supplemental Information ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground on the control of the	ical cess political	2a 2b 2c 3	t III-A, lin	ne 3,
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answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) tiv Supplemental Information ide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated ground on the control of the	ical cess political	2a 2b 2c 3	t III-A, lin	1e 3,
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Students For Sensible Drug Policy Foundation

Employer identification number 52-2296291

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 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 advis-	ed funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	used only
-	for charitable purposes and not for the benefit of the donor	-	•
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" on Form 990, F	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or		orically important land area
	Protection of natural habitat	Preservation of a certi	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a cortified historic str	ructure includod in (a)	2c
d	Number of conservation easements included in (c) acquired	ıre	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year ▶		
1	Number of states where proporty subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	_
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	vo satisfy the requirements of section 170	(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes	the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described	ribos those itoms	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	tréasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items		
	(i) Revenue included on 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 tre	easures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990, Part Y		▶ ♠

Students For Sensible Drug Policy Foundation

Sche	dule D (Form 990) 2018 Foundat	ion			_			52-22	96291	Page 2		
Pa	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Simil	ar Asse	ts(continue	ed)		
3	Uşıng the organization's acquisition, accessi	on, and other recor	ds, chec	k any of the	following th	at are a si	gnificant	use of its	collection i	tems		
	(check all that apply)											
а	Public exhibition	(ı 🖳	Loan or exc	hange progr	ams						
b	Scholarly research	•	لــا ﴿	Other			_					
С	Preservation for future generations											
1	Provide a description of the organization's co	ollections and expla	ın how tl	ney further t	he organizat	ion's exer	npt purp	osc in Par	t XIII			
5	During the year, did the organization solicit of					ner sımılaı	assets		_			
	to be sold to raise funds rather than to be ma								Yes	No_		
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or			
	reported an amount on Form 990, Par	t X, line 21										
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other a	ssets not	included	_	_			
	on Form 990, Part X?								」Yes ⊤	No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table								
									Amount			
С	Beginning balance						1c					
d	d Additions during the year											
е	Distributions during the year	1e										
f	Ending balance	1f										
	Pa Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? L Yes No											
Da	b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10											
Га	Litaowinent Fullus. Complete i		1									
4	Decision of control of	(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four ye	ars back		
1a Beginning of year balance												
D	b Contributions											
Ç	Net investment earnings, gains, and losses											
a	Grants or scholarships				<u> </u>							
е	Other expenditures for facilities											
	and programs		ļ		<u> </u>	-						
'	Administrative expenses		-									
g 2	End of year balance	rost voor ood bolon	// 1						<u> </u>			
	Provide the estimated percentage of the curr Board designated or quasi-endowment	ent year end balant	se (ime i %	g, column (a	a)) neid as							
a b	Permanent endowment	%	— ⁷⁰									
c	Temporarily restricted endowment	%										
٠	The percentages on lines 2a, 2b, and 2c sho											
30	Are there endowment funds not in the posse		ation the	at are held a	nd administr	arod for th	o organi	zation				
-	by	oolon or the organiz	unon the	at are riold a	na aaniinist	orca for th	c organiz	Zation	Ye	es No		
	(i) unrelated organizations								3a(ı)	3 140		
	(ii) related organizations								3a(II)			
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	schedule R?					3b			
4	Describe in Part XIII the intended uses of the	•							_ 00	<u> </u>		
Pa	t VI Land, Buildings, and Equipm											
	Complete if the organization answered	d "Yes" on Form 99	0, Part I\	/, line 11a S	See Form 99), Part X, I	ine 10					
	Description of property	(a) Cost or o	ther	(b) Cost basis (or other	(c) Ac	cumulate reciation		(d) Book v	alue		
12	Land	240.0 (1110001		52313	(51.151)	uep	. Joration	-				
	Buildings	-										
	Leasehold improvements							- 				
d	Equipment			2	1,149.		19,4	53.		696.		
	Other				_,,		, -		<u> </u>	, 0 , 0 ,		
	. Add lines 1a through 1e (Column (d) must ea	gual Form 990 Part	X colur	nn (R) line 1	0c)				1	696.		
			, _ 5.07.		/				<i></i>			

Part VII Investments - Other Securities.			·	
. Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or end	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	<u> </u>			
(A)				
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)				
Total (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" (a) Description of investment				Total and annual control control
	(b) Book value	(c) Metriod or v	valuation Cost or end	-of-year market value
(1)	 			
(2)	 			
(3)	 			
(4)				
(5)				
(6)				
(7)		 	· · · ·	
(8) (9)		 		
Total (Col (b) must equal Form 990, Part X, col. (B) line 13)				-
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990. Part IV	line 11d. See Form 990	Part X line 15	
	Description	, mic 114 000 1 0mm 200,	Tarex, inte 15	(b) Book value
	tCoin	 		11,983.
(2)				
(3)				
(4)			-	
(5)	-			
(6)	 			
(7)		****		
(8)				
(9)				·
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		•	11,983.
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV.	, line 11e or 11f See Forn	n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	<i>9</i> 25) ▶			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Foundation 52-2296291 Page 4 Schedule D (Form 990) 2018 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 306,776. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 1.178. b Donated services and use of facilities 2b c Recoveries of prior year grants 2c <11,851. d Other (Describe in Part XIII) 2d <10,673.> e Add lines 2a through 2d 2e 317,449. 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990. Part VIII, line 7b b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 317.449. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 415,488. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part IX, line 25 1,178. a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c 30. d Other (Describe in Part XIII) 2d 1,208. e Add lines 2a through 2d 2e 414,280. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 414.280. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 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 Part X, Line 2: Management evaluated SSDP's tax positions and has concluded that SSDP has taken no uncertain tax positions that require either recognition or disclosure in the consolidated financial statements. Part XI, Line 2d - Other Adjustments: Revenue from consolidated organization FMV adjustment- virtual currency -11,851. Part XII, Line 2d - Other Adjustments:

Expense from consolidated organization

30.

Schedule D (Form 990) 2018 Part XIII Supplemental Info	Students For Sensible Drug Poli Foundation	су 52-2296291 _{Раде 5}
	ormation (continued)	
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<u> </u>		
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		*
	•	•

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, ▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. Students For Sensible Drug Policy Foundation Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990) Parti

OMB No 1545-0047

Open to Public Inspection **Employer identification number**

52-2296291

General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria used to award the grants or assistance?	to substantiate th stance?	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or as:	sistance, and the selec	tion Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mon	toring the use of grant	funds in the United	d States	,		
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organ	izations and Domesti	c Governments. C	complete if the org	anization answered "`	res" on 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	\$5,000 Part II car	be duplicated if addit	ional space is need	ped			
1 (a) Name and address of organization or government	(a)	(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 noncash assistance	(h) Purpose of grant or assistance
	:						
	nd government o	rganizations listed in th	listed in the line 1 table				
Enter total number of other organizations listed in the line 1 table HA For Panerwork Reduction Act Notice see the Instructions for Form 990.	s listed in the line	i table tions for Form 990.					Schedule I (Form 990) (2018)

Students For Sensible Drug Policy

Page 2

52-2296291

Schedule I (Form 990) (2018) Foundation

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

sastance	Solotal Ice									
(f) Description of noncash assistance							:			
(f) Description	ondinocoo (1)	N/A								
of valuation	praisal, other)	Ž			tion					
	(book, FMV, appraisal, other)	0.N/A			dditional informa					
d) Amount of non-	cash assistance	.0), and any other a					
	cash grant	6,851.			, Part III, column (b					
- 1	recipients	7.5			iired in Part I, line 2					
(a) Type of grant or assistance		Scholarship to bring students to SSDP2018, the SSDP conference			Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information					
		Scholan SSDP cc			Part IV				:	•

Schedule I (Form 990) (2018)

SCHEDULE 0

(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.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

OMB No 1545-0047

Name of the organization

Students For Sensible Drug Policy Foundation

Employer identification number 52-2296291

Form 990, Part I, Organization's mission and most significant activities

SSDP Foundation educates, mobilizes, and empowers young people to push

for sensible policies to achieve a safer and more just future, while

fighting back against counterproductive Drug War policies, particularly

those that directly harm students and youth.

Form 990, Part III, Line 4a (Continued)

Individual chapters worked to advance marijuana policy reform, 911 Good

Samaritan policies, access to naloxone on their campuses or in their

states, and other harm-reduction policies. Staff, students and alumni
represented SSDP at the UN as an organization with special consultative

status to ECOSOC.

Through the Just Say Know peer education program, dozens of peer educators have been certified, resulting in delivery of evidence-based drug education to hundreds of students.

Form 990, Part V, Statements Regarding Other IRS Filings and Tax Compliance
The organization is filing for a short year and no calendar year ended
within its tax year. As such, Lines 1a and 2a are -0-.

Form 990, Part VI, Section A, line 4:

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The organization's bylaws were amended in February of 2018. The significant changes were as follows:

The Board of Trustees was disbanded and authority reverted back to the

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization Students For Sensible Drug Policy Foundation	Employer identification number 52-2296291
Student and Alumni Board of Directors.	
The accounting period was changed from a calendar year enfiscal year end.	d to a June 30th
Form 990, Part VI, Section A, line 6:	
In addition to members of chapters, any person may become	a member of SSDP
by paying an annual contribution to the national office.	Members under this
article shall have no voting rights or power to participa	te in the
management of the organization. The Board of Directors ma	y from time to
time establish honorary titles for persons who may make c	ontributions to
the organizations. Such titles may include the word "memb	er" but inclusion
of such term shall not give any such person legal rights	as a member of the
organization. Such members are encouraged to make financi	al contributions
to support the organization.	
Form 990, Part VI, Section A, line 7a:	
Members annually vote for slate of directors.	
	<u> </u>
Form 990, Part VI, Section B, line 11b:	
The Executive Director and Deputy Director review the For	m 990 prior to
filing.	
Form 990, Part VI, Section B, Line 12c:	
The conflict of interest policy is signed by incoming mem	bers and reviewed
on an annual basis with board members.	
	•

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization Students For Sensible Drug Policy Employer identification number Foundation 52-2296291 Compensation of the Executive Director is reviewed as part of the performance and pay review process by the Board of Directors annually at the end of the year. The process included a review of salaries at comparably sized organizations in the Washington, DC metro area. Compensation of all employees is reviewed as part of the annual performance and pay review process of employees conducted by the Executive Director in approximately July each year. The process includes a review of salaries at comparatively sized organizations in the geographic area in which the staff member is located. Form 990, Part VI, Section C, Line 19: The organization provides access to the by-laws, annual reports, audited financial statements and Form 990 on their website. Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors: Short year return presentation- Due to the change in accounting period, Federal Form 990 is being filed for a short year January 1, 2018- June 30, 2018. During this short year there is no calendar year that ends with or within. As such, and according to the 990 filing instructions, the box is checked in Part VII, Section A reflecting that neither the organization nor any related organization compensated any current officer, director, or trustee, and columns (D) and (E) are left blank.

Form 990, Part XI, line 9, Changes in Net Assets:

FMV adjustment- vitual currency

Schedule O (Form 990 or 990 EZ) (2018)	Page 2
Name of the organization Students For Sensible Drug Policy Foundation	Employer identification number 52-2296291
Form 990, Part XII, Line 2c:	
SSDP's Executive Director and Deputy Director are respon	sible for
oversight of the audit, including selection of the indep	endent
accountant.	
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	*** * · · · · · · · · · · · · · · · · ·
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2018 Open to Public Inspection

OMB No 1545-0047

Employer identification number 52-2296291 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Students For Sensible Drug Policy
Foundation Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Part I

Schedule R (Form 990) 2018				s for Form 990.	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
					1.00 (0.00)
×		501(c)(4)	District of Columbia 50	Advocacy	Washington, DC 20001
					, 1011
					Students for Sensible Drug Policy, Inc
Yes No	501(c)(3))				
entity entity?	_		foreign country)		of related organization
Sec	(e)	(b)	(c)	(q)	(a)
elated tax-exempt	se it had one or more r	Part IV, line 34, becau	iswered "Yes" on Form 990, F	itions. Complete if the organization an	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year
	-				
			-		
entity	בומיסי אפשו שסטפוט		foreign country)		of disregarded entity
(f) Direct controlling	(e) Fnd-of-vear assets	(d) Total income	(c) Legal domicile (state or	(b) Primary activity	(a) Name, address, and EIN (if applicable)

Students For Sensible Drug Policy

Foundation

Schedule R (Form 990) 2018

| Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

Page 2

52-2296291

organization to the day of the	an Sumpo di Brana	300								•	
(a) Name, address, and EIN	(b) Primary activity	(c) Legal	(d) Direct controlling	(e)	l	(f) Share of total	(9) Share of	(£)	(I)	(J) General or	(k)
of related organization		domicile (state or foreign country)		(related, unrelated, excluded from tax under sections 512-514)		income	end-of-year assets	allocations? Yes No	a⊻⊼	managing partner?	managing ownership partner
					-						
								-			
[Part IV] Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	ganizations Taxable	as a Corport	oration or Trust. Co	omplete if the	e organization	answered "Yes	" on Form 990, I	art IV, Ine	34, because it had	one or mo	re related
(a)			(q)	(2)	(Đ	(e)		(£)	(6)	(h)	(3)
Name, address, and EIN of related organization	<u> </u>	Prin	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Ing Type of entity (C corp, S corp, or trust)		Share of total income	Share of Peend-of-year o	Percentage ownership	Section 512(b)(13) controlled entity?
				country)		5					Yes No
						•					_
											-
			_								
4						_					
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Students For Sensible Drug Policy Foundation

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Schedule R (Form 990) 2018

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	٥ N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	in Parts II·IV?		,	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Δ.			1 a		×
 b Gift, grant, or capital contribution to related organization(s) 				1b		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan guarantees by related organization(s)				<u>-</u>		×
						_
f Dividends from related organization(s)				=		∣≍
a Sale of assets to related organization(s)				÷		×
				P 4		×
				÷		×
				=	T	4 >
 J. Lease of facilities, equipment, or other assets to related organization(s) 				F		×
k Lease of facilities, equipment, or other assets from related organization(s)				 	1	\rceil ×
l Performance of services or membership or fundraising solicitations for related organic	related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			±		×
	tion(s)			1r	×	
o Sharing of paid employees with related organization(s)				10		×
					Ì	
p Reimbursement paid to related organization(s) for expenses				1p		×
q Reimbursement paid by related organization(s) for expenses				10		×
				Ì	Ì	7
				-	1	4
- 1				18		×
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete th	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(3)						
(4)						
(5)						
/ (9)						
832163 10-02-18	42		Schedule R (Form 990) 2018	R (Form	(066	2018

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Foundation Schedule R (Form 990) 2018

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) centage nership)) 2018
Perc						366
ral or ral or rac?						orm
(J) General or managing partner?	B					B, R
Code V-UBI General or Percentage amount in box 20 partner? Ownership (Form 1065) Yes No	•					Schedule R (Form 990) 2018
(h) Dispropor tronate allocations? Yes No		-				
(g) Share of end-of-year assets						
(f) Share of total						
(e) Ate all partners sec 501(c)(3) ler orgs 2	2					
Yes Sala A			<u> </u>	 <u> </u>	 	
(d) Predominant income (related, unrelated, excluded from lax unc sections 512-514)						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

52-2296291 Page 5 Foundation Schedule R (Form 990) 2018 Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions

Students For Sensible Drug Policy