

TC 590014 SCANNED JAN 10 2022

EXTENDED TO NOVEMBER 16, 2020

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>RX ABUSE LEADERSHIP INITIATIVE</b>		<b>D</b> Employer identification number <b>82-4703437</b>
	Doing business as		<b>E</b> Telephone number <b>202-408-5601</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>19,500,000.</b>
	<b>909 E ST NW 2ND FLOOR</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20004</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>F</b> Name and address of principal officer <b>TIMOTHY LAWRENCE</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>4</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>N/A</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2018</b> <b>M</b> State of legal domicile: <b>DC</b>	

<b>(Part I) Summary</b>	
<b>1</b> Briefly describe the organization's mission or most significant activities <b>ADVOCACY ON THE OPIOID CRISIS AND SUBSTANCE ABUSE DISORDERS</b>	
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>1</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) <b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>3</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39 <b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>14,535,000.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) <b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0.</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>14,535,000.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>1,893,635.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>60,000.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>11,174,730.</b>
<b>18</b> Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) <b>13,128,365.</b>	
<b>19</b> Revenue less expenses - Subtract line 18 from line 12 <b>1,406,635.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>1,648,249.</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>241,614.</b>
	<b>22</b> Net assets or fund balances - Subtract line 21 from line 20 <b>1,406,635.</b>

<b>(Part II) Signature Block</b>	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
<b>Sign Here</b>	Signature of officer <b>TIMOTHY LAWRENCE, SECRETARY</b> Type or print name and title
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ALAN S. HELFER</b> Preparer's signature <b>ALAN S. HELFER</b> Date <b>11/18/2020</b> Check <input type="checkbox"/> PTIN <b>P00194206</b> Firm's name <b>HELPERBELL, LLC</b> Firm's EIN <b>82-2363929</b> Firm's address <b>1101 CONNECTICUT AVE NW, SUITE 410 WASHINGTON, DC 20036</b> Phone no. <b>(202) 629-5190</b>

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

2949318404200 1

518

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission**ADVOCACY ON THE OPIOID CRISIS AND SUBSTANCE ABUSE DISORDERS****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code \_\_\_\_\_) (Expenses \$ 6,577,242. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**STATE COALITION MANAGEMENT.****4b** (Code \_\_\_\_\_) (Expenses \$ 6,577,242. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**RALI CARES EVENT TOUR****4c** (Code \_\_\_\_\_) (Expenses \$ 6,577,241. including grants of \$ 1,999,606.) (Revenue \$ \_\_\_\_\_)  
**PUBLIC EDUCATION AND ADVERTISING****4d** Other program services (Describe on Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **19,731,725.**Form **990** (2019)

B D I O L

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> 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		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
<b>6a</b> 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	X	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders	11a		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O	13a		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
<b>c</b> Enter the amount of reserves on hand	13c		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
<b>15</b> 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? If "Yes," see instructions and file Form 4720, Schedule N	15		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		X

Form 990 (2019)

**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 on Schedule O. See instructions.

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

☒ X

**Section A. Governing Body and Management**

- 1a** Enter the number of voting members of the governing body at the end of the tax year. 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 on Schedule O.
- 1b** Enter the number of voting members included on line 1a, above, who are independent.
- 2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- 3** Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?
- 4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5** Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6** Did the organization have members or stockholders?
- 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?
- b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
- a** The governing body?
- b** Each committee with authority to act on behalf of the governing body?
- 9** Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		X
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X
<b>6</b>		X
<b>7a</b>		X
<b>7b</b>		X
<b>8a</b>	X	
<b>8b</b>		X
<b>9</b>		X

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

- 10a** Did the organization have local chapters, branches, or affiliates?
- b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
- 11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
- b** Describe in Schedule O the process, if any, used by the organization to review this Form 990.
- 12a** Did the organization have a written conflict of interest policy? If "No," go to line 13.
- b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c** Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.
- 13** Did the organization have a written whistleblower policy?
- 14** Did the organization have a written document retention and destruction policy?
- 15** Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
- a** The organization's CEO, Executive Director, or top management official.
- b** Other officers or key employees of the organization.
- 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?
- 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?

	Yes	No
<b>10a</b>		X
<b>10b</b>		
<b>11a</b>	X	
<b>11b</b>		
<b>12a</b>	X	
<b>12b</b>	X	
<b>12c</b>	X	
<b>13</b>		X
<b>14</b>		X
<b>15a</b>		X
<b>15b</b>		X
<b>16a</b>		X
<b>16b</b>		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed. **NONE**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
- ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
- QUADRANT ADVISORY - 202-681-5311**
- 1401 NEW YORK AVE NW, SUITE 700, WASHINGTON, DC 20005**



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

(A) Name and title	(B) Average hours per week  (list any hours for related organizations below line)	(C) Position  (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization  (W-2/1099-MISC)	(E) Reportable compensation from related organizations  (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b>								<b>60,000.</b>	<b>0.</b>	<b>0.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>d Total (add lines 1b and 1c)</b>								<b>60,000.</b>	<b>0.</b>	<b>0.</b>

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	0
---	-----------------------------------------------------------------------------------------------------------------------------------------------------------------	---

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PENN QUARTER PARTNERS, LLC 909 E ST NW 2ND FLOOR, WASHINGTON, DC 20004	CONSULTING SERVICES	900,000.
CONTEXT STRATEGIES 909 E ST NW 2ND FLOOR, WASHINGTON, DC 20004	CONSULTING SERVICES	900,000.
CODE 3 ASSOCIATION PO BOX 2102, VIENNA, VA 22183	CONSULTING SERVICES	300,000.
VENTURE GLOBAL LLC 1885 BEDFORD ROAD, COLUMBUS, OH 43212	CONSULTING SERVICES	180,000.
CANDACE DEMATTAIS, 16308 MARINERS WATCH COURT, CHARLOTTE, NC 28278	PUBLIC POLICY SUPPORT	180,000.

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



**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	19,500,000.			
	g	Noncash contributions included in lines 1a-1f	1g \$				
	<b>h Total.</b> Add lines 1a-1f			19,500,000.			
<b>Program Service Revenue</b>	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a		(i) Real	(ii) Personal			
	6 b						
	6 c						
	d	Net rental income or (loss)					
	7 a		(i) Securities	(ii) Other			
	7 b						
	7 c						
	d	Net gain or (loss)					
	8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18				
	8 b						
c	Net income or (loss) from fundraising events						
9 a		Gross income from gaming activities See Part IV, line 19					
9 b							
c	Net income or (loss) from gaming activities						
10 a		Gross sales of inventory, less returns and allowances					
10 b							
c	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	Business Code						
	11 a						
	b						
	c						
	d	All other revenue					
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			19,500,000.	0.	0.	0.	

**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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,999,606.	1,999,606.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	60,000.	60,000.		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees)				
a Management				
b Legal	119,475.		119,475.	
c Accounting	2,602.		2,602.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	15,385,796.	15,385,796.		
12 Advertising and promotion	2,285,197.	2,285,197.		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,126.	1,126.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,197.		2,197.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>TAXES AND LICENSES</b>	528.		528.	
b				
c				
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	19,856,527.	19,731,725.	124,802.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	1,598,249.	<b>1</b>	1,078,768.
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net	50,000.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
	<b>b</b> Less accumulated depreciation		<b>10c</b>	
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,648,249.	<b>16</b>	1,078,768.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	241,614.	<b>17</b>	28,660.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	241,614.	<b>26</b>	28,660.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	1,406,635.	<b>27</b>	1,050,108.
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b>	1,406,635.	<b>32</b>	1,050,108.
<b>33</b> <b>Total liabilities and net assets/fund balances</b>	1,648,249.	<b>33</b>	1,078,768.	

Form 990 (2019)

**Part XI** Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,500,000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,856,527.
3	Revenue less expenses Subtract line 2 from line 1	3	-356,527.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,406,635.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,050,108.

**Part XII** Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**RX ABUSE LEADERSHIP INITIATIVE**

Employer identification number

**82-4703437**

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items

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

(i) Revenue included 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2019

932051 10-02-19

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

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

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange program  
 e ☐ Other \_\_\_\_\_

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

- 1a Beginning of year balance  
 b Contributions  
 c Net investment earnings, gains, and losses  
 d Grants or scholarships  
 e Other expenditures for facilities and programs  
 f Administrative expenses  
 g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					
1g					

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

- a Board designated or quasi-endowment ☐ \_\_\_\_\_ %  
 b Permanent endowment ☐ \_\_\_\_\_ %  
 c Term endowment ☐ \_\_\_\_\_ %

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

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

- (i) Unrelated organizations  
 (ii) Related organizations

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
1b Buildings				
1c Leasehold improvements				
1d Equipment				
1e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ☐ 0.

Schedule D (Form 990) 2019

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of 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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2019

**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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	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

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

**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:**

THE ORGANIZATION IS A NONPROFIT ORGANIZATION AND IS EXEMPT FROM THE  
 PAYMENT OF TAXES ON INCOME OTHER THAN NET UNRELATED BUSINESS INCOME UNDER  
 SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number  
**82-4703437**

**RX ABUSE LEADERSHIP INITIATIVE**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENNEBEC VALLEY COMMUNITY ACTION PROGRAM - 97 WATER ST - WATERVILLE, ME 04901	01-0277678	501(C)(3)	15,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
NATIONAL ALLIANCE ON MENTAL ILLNESS - MAINE - 52 WATER STREET - HALLOWELL, ME 04347	01-0406214	501(C)(3)	18,750.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
OHIO ASSOCIATION OF COUNTY BEHAVIORAL HEALTH AUTHORITIES FOUNDATION-OACBHAF - 175 S 3RD STREET, SUITE 900 - COLUMBUS, OH	01-0762655	501(C)(3)	25,000.	0.			PROJECT SPONSOR FOR THE ADDRESSING OHIO'S OPIOID EPIDEMIC VISTA PROJECT IMPLEMENTATION OF TWO EVIDENCE BASED STRATEGIES TO PREVENT PRESCRIPTION DRUG MISUSE IN OUR
GRANITE UNITED WAY 20 CONCORD STREET MANCHESTER, NH 03101	02-6006033	501(C)(3)	10,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
NATIONAL ASSOCIATION OF NUTRITION AND AGING SERVICE PROGRAMS (NANASP) - 1612 K ST NW STE 200 - WASHINGTON, DC 20006	04-2639088	501(C)(3)	25,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
NEW HAMPSHIRE FISHER CATS 1 LINE DR MANCHESTER, NH 03101	14-1973034	501(C)(3)	12,500.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS

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

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ALLIANCE ON MENTAL ILLNESS - IOWA - 3839 MERLE HAY RD STE 229 - DES MOINES, IA 50310	23-7084780	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
UNITED WAY OF NORTHERN NEW MEXICO PO BOX 539 LOS ALAMOS, NM 87544	23-7138947	501(C)(3)	15,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
LAS CUMBRES COMMUNITY SERVICES, INC. - 102 N. CORONADO AVE. - ESPANOLA, NM 87532	23-7144268	501(C)(3)	20,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
TRUSTED MENTORS INC 546 E 17TH STREET, SUITE 102 INDIANAPOLIS, IL 46202	26-2661971	501(C)(3)	5,000.	0.			GENERAL CONTRIBUTION
RISE ABOVE COLORADO 11880 UPHAM ST UNIT F BROOMFIELD, CO 80020	26-3359868	501(C)(3)	20,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
CHUCKYS FIGHT 380 LAFAYETTE ROAD, UNIT 11-193 SEABROOK, NH 03874	26-4101912	501(C)(3)	17,500.	0.			SPONSORSHIP FOR INDIVIDUALS SEEKING A SOBER LIVING ENVIRONMENT AFTER DETOX TREATMENT
GRANITE PATHWAYS INC 10 FERRY STREET, SUITE 319 CONCORD, NH 03301	27-0327352	501(C)(3)	7,500.	0.			RECOVERY WORKFORCE DEVELOPMENT PROGRAM, EMPLOYER OUTREACH, AND MARKETING
ONE COLORADO EDUCATION FUND 1490 N LAFAYETTE ST STE 304 DENVER, CO 80218	27-1333378	501(C)(3)	6,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
PUBLIC CHILDREN SERVICES ASSOCIATION OF OHIO - 37 W BROAD ST STE 1100 - COLUMBUS, OH 43215	31-0996612	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENERATIONS UNITED, INC. 25 E STREET NW, 3RD FLOOR WASHINGTON, DC 20001	31-1542973	501(C)(3)	50,000.	0.			TO PLAN AND PROVIDE STATE TRAININGS ON WORKING WITH GRANDFAMILIES IMPACTED BY OPIOID/SUBSTANCE ABUSE
AMERICAN VETERANS OF WORLD WAR II (AMVETS) DEPARTMENT OF OHIO - 960 CHECKREIN AVE - COLUMBUS, OH 43229	34-0943286	501(C)(3)	10,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
OHIO CHILDREN'S ALLIANCE 2600 CORPORATE EXCHANGE DR STE 180 COLUMBUS, OH 43231	34-1168205	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
ACCELERATE INDIANA MUNICIPALITIES (AIM) - 125 W MARKET STREET, SUITE 100 - INDIANAPOLIS, IN 46204	35-1590160	501(C)(3)	34,000.	0.			GRANT AWARD TO FIGHT OPIOID ABUSE AND ADDICTION IN INDIANA
WELLNESS COUNCIL OF INDIANA INC 115 W WASHINGTON ST STE 850S INDIANAPOLIS, IN 46204	35-1742510	501(C)(3)	25,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
ILLINOIS PHARMACISTS ASSOCIATION 204 W COOK STREET SPRINGFIELD, IL 62704	36-1257350	501(C)(3)	5,000.	0.			UNRESTRICTED EDUCATION GRANT
ILLINOIS SHERIFFS' ASSOCIATION 401 E WASHINGTON STREET, SUITE 1000 SPRINGFIELD, IL 62701	36-2055318	501(C)(3)	10,000.	0.			PRESCRIPTION PILL DRUG DISPOSAL PROGRAM
ILLINOIS ACADEMY OF FAMILY PHYSICIANS - 747 E BOUGHTON ROAD, SUITE 253 - BOLINGBROOK, IL 60440	36-2150319	501(C)(3)	10,000.	0.			EDUCATIONAL OUTREACH INITIATIVE AND THE SAFE PRESCRIBER PROGRAM
PILLARS COMMUNITY HEALTH 23 CALENDAR AVE. LA GRANGE, IL 60525	36-2170869	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUANE DEAN BEHAVIORAL HEALTH CENTER - 700 E COURT ST - KANKAKEE, IL 60901	36-2754309	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	36-2883000	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
MIDWEST BUSINESS GROUP ON HEALTH 125 S WACKER DRIVE, SUITE 1350 CHICAGO, IL 60606	36-3059249	501(C)(3)	5,000.	0.			EXPANDING THE MARKET REACH OF OUR "ADDRESSING PAIN MANAGEMENT AND OPIOID USE/ABUSE"
MINNESOTA PHARMACISTS ASSOCIATION 1000 WESTGATE DR STE 252 SAINT PAUL, MN 55114	41-0634015	501(C)(3)	10,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
MINNESOTA RETAILERS ASSOCIATION 400 ROBERT ST N STE 1540 SAINT PAUL, MN 55101	41-0722200	501(C)(3)	10,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
AVIVO 1900 CHICAGO AVENUE S MINNEAPOLIS, MN 55404	41-0828779	501(C)(3)	20,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
JUSTUS HEALTH 2577 TERRITORIAL RD SAINT PAUL, MN 55114	41-1524746	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
MINNESOTA FARM BUREAU FOUNDATION PO BOX 64370 SAINT PAUL, MN 55164	41-1574656	501(C)(3)	39,500.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
MINNESOTA RURAL HEALTH ASSOCIATION 1915 LAKEVIEW DR DULUTH, MN 55803	41-1873554	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS OF FOREIGN WARS OF OHIO CHARITIES - 35 E CHESTNUT ST STE 506 - COLUMBUS, OH 43215	41-2078103	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
MINNESOTA ASSOCIATION OF REALTORS 5750 LINCOLN DR MINNEAPOLIS, MN 55436	41-6039154	501(C)(3)	10,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
IOWA PHARMACY ASSOCIATION 8515 DOUGLAS AVE STE 16 URBANDALE, IA 50322	42-0333952	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
IOWA MEDICAL SOCIETY 515 E LOCUST ST STE 400 DES MOINES, IA 50309	42-0335500	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
IOWA ASSOCIATION OF REALTORS 1370 NW 114TH ST STE 100 CLIVE, IA 50325	42-0626937	501(C)(3)	15,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
YOUNG MENS CHRISTIAN ASSOCIATION OF GREATER DES MOINES - 501 GRAND AVE. - DES MOINES, IA 50309	42-0680438	501(C)(3)	10,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
THE EASTER SEAL SOCIETY OF IOWA, INC. - 401 NE 66TH AVE. - DES MOINES, IA 50313	42-0707100	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
AMERICAN ACADEMY OF FAMILY PHYSICIANS IOWA - 100 E GRAND AVE STE 240 - DES MOINES, IA 50309	42-0738114	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
DES MOINES AREA RELIGIOUS COUNCIL 1435 MULBERRY DES MOINES, IA 50309	42-0788211	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA STATE SHERIFFS' & DEPUTIES ASSOCIATION - PO BOX 107 - GRINNELL, IA 50112	42-0869282	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
IOWA STATE FAIR PO BOX 57130 DES MOINES, IA 50317	42-1376689	501(C)(3)	5,407.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
IOWA RETAIL FEDERATION, INC. 10555 NEW YORK AVE STE 102 URBANDALE, IA 50322	42-6078276	501(C)(3)	10,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
A. PHILIP RANDOLPH INSTITUTE 3210 BRUNSWICK DR FLORISSANT, MO 63033	43-1900251	501(C)(3)	40,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
PORTLAND RECOVERY COMMUNITY CENTER 468 FOREST AVE PORTLAND, ME 04101	45-5307975	501(C)(3)	21,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
THE BASE 11 WALNUT PARK ROXBURY, MA 02119	46-1856641	501(C)(3)	15,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
GRANGE ADVOCACY 228 S WASHINGTON STREET, SUITE 115 ALEXANDRIA, VA 22314	46-2018447	501(C)(3)	54,500.	0.			TO SUPPORT GRASSROOTS OUTREACH, EDUCATION AND COALITION EFFORTS TO RAISE AWARENESS ABOUT
GENESIS PHILANTHROPY 1227 E RUSHOLME ST DAVENPORT, IA 52803	46-2452851	501(C)(3)	10,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
CHRONIC DISEASE PREVENTION COUNCIL PO BOX 3511 ALBUQUERQUE, NM 87190	46-4215344	501(C)(3)	10,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TASTE OF THE SOUTH 6932 GREENVILLE SUITE 162 162 DALLAS, TX 75231	46-5378536	501(C)(3)	10,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
YOUTH EMPOWERMENT SOURCE, INC. 140 MAFFITT STREET ELKTON, MD 21921	47-2027845	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
LAKE COUNTY UNDERAGE DRINKING AND DRUG PREVENTION TASK FORCE - 259 SPRING VALLEY WAY - ROUND LAKE, IL 60073	47-2695552	501(C)(3)	5,000.	0.			SUPPORT OPERATIONS FOR PRESCRIPTION DRUG ABUSE AND OTHER SUBSTANCE ABUSE ISSUES
DISMAS HOME OF NEW HAMPSHIRE 102 4TH STREET MANCHESTER, NH 03102	47-2722572	501(C)(3)	30,000.	0.			GRANT FOR CASE MANAGEMENT AND CLINICAL SERVICES FOR DISMAS HOME OF NH RESIDENTS
CODE 3 ASSOCIATION 480 MALCOM ROAD NW VIENNA, VA 22180	47-5088455	501(C)(3)	173,899.	0.			TO SUPPORT CONSTRUCTION OF OPIOID AWARENESS TRAILER AND PURCHASE OF NARCAN NASAL SPRAY
THE WAY BACK INN, INC. 104 OAK ST. MAYWOOD, IL 60153	51-0138232	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
IOWA STATE GRANGE 38485 DOGWOOD AVE STRAWBERRY POINT, IA 52076	51-0173717	501(C)(3)	10,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
FACES AND VOICES OF RECOVERY 10 G STREET SUITE 600 WASHINGTON, DC 20002	51-0516206	501(C)(3)	50,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
MARYLAND CHAMBER OF COMMERCE 60 WEST ST STE 100 ANAPOLIS, MD 21401	52-1784310	501(C)(3)	5,285.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYLAND RURAL HEALTH ASSOCIATION PO BOX 475 CENTREVILLE, MD 21617	52-1967676	501(C)(3)	15,000.	0.			RURAL HEALTH CONFERENCE SPONSORSHIP
NEVADA STATEWIDE COALITION PARTNERSHIP - PO BOX 20732 - CARSON CITY, NV 89721	52-2420388	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
NATIONAL CONSUMERS LEAGUE 1701 K STREET NW, SUITE 1200 WASHINGTON, DC 20006	53-0242038	501(C)(3)	10,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
WOMEN IN GOVERNMENT FOUNDATION INC 444 N CAPITOL ST NW STE 401 WASHINGTON, DC 20001	54-1527192	501(C)(3)	51,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
COMMUNITY ANTI-DRUG COALITIONS OF AMERICA (CADCA) - 625 SLATERS LANE, SUITE 300 - ALEXANDRIA, VA 22314	54-1610317	501(C)(3)	345,000.	0.			TO SUPPORT SAFE DISPOSAL POUCH EVENTS, MID YEAR INSTITUTE RALI PROGRAMMING, AND MARYLAND
SACO BAY ROTARY FOUNDATION PO BOX 778 SACO, ME 04072	56-2405954	501(C)(3)	10,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
POLK STATE COLLEGE FOUNDATION, INC. - 999 AVENUE H NE - WINTER HAVEN, FL 33881	59-1819213	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
FLORIDA CONFERENCE OF BLACK STATE LEGISLATORS - 400 N ADAMS ST STE B - TALLAHASSEE, FL 32301	59-3183127	501(C)(3)	15,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC. - 719 S US HIGHWAY 301 - TAMPA, FL 33619	59-3467610	501(C)(3)	10,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA CHAMBER OF COMMERCE FOUNDATION, INC. - PO BOX 11309 - TALLAHASSEE, FL 32302	59-6209605	501(C)(3)	15,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
NORTH COUNTRY SERENITY CENTER 39 MAIN STREET, PO BOX 507 LITTLETON, NH 03561	80-0702304	501(C)(3)	14,130.	0.			TO SUPPORT PEER RECOVERY SUPPORT SERVICES ACROSS ALL OF COOS, CARROLL, AND UPPER GRAFTON COUNTIES
HOPE UNITED PO BOX 534 UNIONTOWN, OH 44685	81-1845197	501(C)(3)	5,000.	0.			CAPITAL CAMPAIGN TO BUILD OHIO'S FIRST-EVER RELAPSE PTO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT
WORCESTER COUNTY WARRIORS AGAINST OPIOD ADDICTION - WORCESTER GOES PURPLE - PO BOX 333 - BERLIN, MD 21811	81-3266129	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
PEER COACH ACADEMY COLORADO, INC. 1102 S 21ST ST COLORADO SPRINGS, CO 80904	81-3460352	501(C)(3)	10,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
SOUTHERN NEVADA BUILDING TRADES UNION SPORTSMEN - 1701 WHITNEY MESA DR STE 101 - HENDERSON, NV 89014	81-3611924	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
VETERANS HEALTH COUNCIL OF AMERICA 8719 COLESVILLE RD SILVER SPRING, MD 20910	81-4567669	501(C)(3)	50,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
MAINE RECOVERY FUND 494 FOREST AVE PORTLAND, ME 04101	81-5459058	501(C)(3)	15,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
OUT FRONT FOUNDATION LLC C/O 4643 S ULSTER ST 325 DENVER, CO 80237	82-0873743	501(C)(3)	23,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DON'T LOOK BACK CENTER INC. 3000 S JAMAICA CT STE 280 AURORA, CO 80014	82-5106826	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
ALLIANCE FOR SUBSTANCE ABUSE PROGRESS INC - 431 WASHINGTON ST - COLUMBUS, IN 47201	83-3373292	501(C)(3)	30,500.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
VOICES FOR AWARENESS FOUNDATION 2453 INDUSTRIAL BLVD GRAND JUNCTION, CO 81505	83-3590887	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
DENVER METRO CHAMBER OF COMMERCE 1445 MARKET ST DENVER, CO 80202	84-0186760	501(C)(3)	6,300.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
HISPANIC CHAMBER OF COMMERCE OF METRO DENVER - 924 W COLFAX AVE STE 201 - DENVER, CO 80204	84-0845219	501(C)(3)	10,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
THE LAKEWOOD LEGACY FOUNDATION 1580 YARROW ST LAKEWOOD, CO 80214	84-1087281	501(C)(3)	10,800.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
TEEN CHALLENGE ROCKY MOUNTAINS - DBA 180 MINISTRIES - PO BOX 336 - ENGLEWOOD, CO 80151	84-1185635	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
HOY RECOVERY PROGRAM INC PO BOX 520 ESPANOLA, NM 87352	85-0232147	501(C)(3)	25,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
NEW MEXICO COMMUNITY FOUNDATION 8 CALLE MEDICO SANTA FE, NM 87505	85-0311210	501(C)(3)	25,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS MAINE, INC. 14 ATLANTIC PLACE SOUTH PORTLAND, ME 04106	86-1073632	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
AFL-CIO SO. NV BUILDING AND CONSTRUCTION TRADES COUNCIL - 1701 WHITNEY MESA DR STE 101 - HENDERSON, NV 89014	88-0025636	501(C)(3)	25,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
FOUNDATION FOR POSITIVELY KIDS 2480 E TOMPKINS AVE. STE. 222 LAS VEGAS, NV 89121	88-0419638	501(C)(3)	15,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
URBAN LEAGUE OF METROPOLITAN SEATTLE - 105 14TH AVE, SUITE 200 - SEATTLE, WA 98122	91-0575954	501(C)(3)	37,500.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
NATIONAL ALLIANCE ON MENTAL ILLNESS- WASHINGTON - 1107 NE 45TH STREET SUITE 230 - SEATTLE, WA 98105	91-1689067	501(C)(3)	41,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
COMMUNITY SERVICES AGENCY 1090 E 8TH STREET RENO, NV 89512	94-1422465	501(C)(3)	5,000.	0.			TO SUPPORT IMPLEMENTING THE RALI NEVADA INITIATIVE IN NORTHERN NEVADA
CHP COMMUNITY 20 JONES STREET SUITE 200 SAN FRANCISCO, CA 94102	94-3112338	501(C)(3)	10,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
MILITARY DIXMOOR VIKINGS 14531 COOPER AVENUE DIXMOOR, IL 60426	APPLIED FOR	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS
CEDAR - CENTER FOR DEPENDENCY ADDICTION AND REHABILITATION - 1693 N. QUENTIN STREET - AURORA, CO 80045	APPLIED FOR	501(C)(3)	5,000.	0.			TO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID CRISIS

Schedule I (Form 990)

**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

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

**Part IV****Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information**PART II, LINE 1, COLUMN (H):**

NAME OF ORGANIZATION OR GOVERNMENT: GRANITE UNITED WAY

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENTATION OF TWO EVIDENCE BASED

STRATEGIES TO PREVENT PRESCRIPTION DRUG MISUSE IN OUR COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: MIDWEST BUSINESS GROUP ON HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANDING THE MARKET REACH OF OUR

"ADDRESSING PAIN MANAGEMENT AND OPIOID USE/ABUSE" EMPLOYER

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GRANGE ADVOCACY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GRASSROOTS OUTREACH,  
EDUCATION AND COALITION EFFORTS TO RAISE AWARENESS ABOUT OPIOID EDUCATION,  
PREVENTION, TREATMENT, AND RECOVERY

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ANTI-DRUG COALITIONS OF AMERICA (CADCA)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SAFE DISPOSAL POUCH  
EVENTS, MID YEAR INSTITUTE RALI PROGRAMMING, AND MARYLAND FOLLOW UP  
SUMMIT ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: HOPE UNITED

(H) PURPOSE OF GRANT OR ASSISTANCE: CAPITAL CAMPAIGN TO BUILD OHIO'S  
FIRST-EVER RELAPSE PTO SUPPORT THE CAMPAIGN ADDRESSING THE CURRENT OPIOID  
CRISISREVENTION WELLNESS CENTER

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

## OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ **Attach to Form 990 or Form 990-EZ.**

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2019

## Open To Public Inspection

Name of the organization

Employer identification number  
82-4703437

## RX ABUSE LEADERSHIP INITIATIVE

<b>Part I</b>	<b>Excess Benefit Transactions</b> (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)
---------------	----------------------------------------------------------------------------------------------------------------------

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

[illegible]

**2** Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

▶ \$ \_\_\_\_\_  
 ▶ \$ \_\_\_\_\_

**Part II** **Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

[illegible]

<b>Part III</b>		<b>Grants or Assistance Benefiting Interested Persons.</b>
-----------------	--	------------------------------------------------------------

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

[illegible]

**Part IV** Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CATHERINE NONA BEAR	BOARD MEMBER	60,000.	CONSULTING		X
TIM LAWRENCE	BOARD MEMBER	900,000.	ORGANIZATIO		X

**Part V** Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions)

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CATHERINE NONA BEAR

(D) DESCRIPTION OF TRANSACTION: CONSULTING SERVICES

(A) NAME OF PERSON: TIM LAWRENCE

(D) DESCRIPTION OF TRANSACTION: ORGANIZATION COMPENSATED PENN QUARTER PARTNERS LLC, A COMPANY PARTIALLY OWNED BY THE INTERESTED PERSON, FOR CONSULTING AND PROGRAM MANAGEMENT SERVICES

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

**RX ABUSE LEADERSHIP INITIATIVE**

Employer identification number

**82-4703437**

**FORM 990, PART VI, SECTION A, LINE 8B:**

**NO ARE NO SUCH COMMITTEES.**

**FORM 990, PART VI, SECTION B, LINE 11B:**

**THE ORGANIZATION'S FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO  
FILING.**

**FORM 990, PART VI, SECTION B, LINE 12C:**

**IT IS THE RESPONSIBILITY OF ALL PERSONS IN POSITIONS OF TRUST TO DISCLOSE  
POTENTIAL CONFLICTS OF INTEREST. ON AN ANNUAL BASIS, AND MORE OFTEN IF  
MATTERS ARISE, ALL OFFICERS, MEMBERS OF THE BOARD OF DIRECTORS, VOLUNTEERS,  
AND EMPLOYEES SHALL BE PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST  
POLICY AND BE REQUIRED TO COMPLETE AND SIGN THE ACKNOWLEDGMENT AND  
DISCLOSURE FORM. ALL COMPLETED FORMS, AS WELL AS OTHER CONFLICT OF  
INFORMATION PROVIDED, SHALL BE FORWARDED TO AND REVIEWED BY RALI'S  
PRESIDENT. RALI'S PRESIDENT SHALL FORWARD SUCH INFORMATION ON POTENTIAL OR  
ACTUAL CONFLICTS OF INTEREST TO OUTSIDE COUNSEL, WHICH WILL REVIEW THE  
INFORMATION AND RECOMMEND WHETHER FURTHER ACTION MAY BE WARRANTED.**

**FORM 990, PART VI, SECTION C, LINE 19:**

**AVAILABLE UPON REQUEST.**

**FORM 990, PART IX, LINE 11G, OTHER FEES:**

**CONSULTING:**

**PROGRAM SERVICE EXPENSES**

**15,385,796.**

**MANAGEMENT AND GENERAL EXPENSES**

**0.**

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19



Name of the organization

RX ABUSE LEADERSHIP INITIATIVE

Employer identification number

82-4703437

FUNDRAISING EXPENSES

0.

TOTAL EXPENSES

15,385,796.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A

15,385,796.