

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **JUN 1, 2015** and ending **MAY 31, 2016**

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	C Name of organization DRUG POLICY ALLIANCE		D Employer identification number 52-1516692
	Doing business as		E Telephone number (212) 613-8040
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10001		G Gross receipts \$ 10,497,843.
F Name and address of principal officer: ETHAN NADELMANN SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ HTTP://WWW.DRUGPOLICY.ORG/		L Year of formation: 2000 M State of legal domicile: DC	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: DRUG POLICY ALLIANCE SUPPORTED DRUG POLICY AND LEGAL REFORMS AT THE NATIONAL LEVEL AND IN ALL
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 16
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 119
	6 Total number of volunteers (estimate if necessary) 6 17
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 14,070,325. Prior Year 9,796,994. Current Year
	9 Program service revenue (Part VIII, line 2g) 17,417. 17,417. 586,822.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,412. 14,412. 15,817.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 193,167. 193,167. 30,611.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,295,321. 14,295,321. 10,430,244.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 954,500. 954,500. 1,089,151.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 6,620,002. 6,620,002. 6,927,694.
	16 a Professional fundraising fees (Part IX, column (A), line 11e) 227,282. 227,282. 291,050. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,461,581.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,683,734. 4,683,734. 5,372,623.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,485,518. 12,485,518. 13,680,518.
19 Revenue less expenses. Subtract line 18 from line 12 1,809,803. 1,809,803. -3,250,274.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 12,927,317. Beginning of Current Year 13,401,657. End of Year
	21 Total liabilities (Part X, line 26) 7,067,372. 7,067,372. 10,792,167.
	22 Net assets or fund balances. Subtract line 21 from line 20 5,859,945. 5,859,945. 2,609,490.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	ETHAN NADELMANN, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 04/17/17	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945	Phone no. (212) 286-2600		
Firm's address ▶ 665 FIFTH AVENUE NEW YORK, NY 10022					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE DRUG POLICY ALLIANCE ENVISIONS A JUST SOCIETY IN WHICH THE USE AND REGULATION OF DRUGS ARE GROUNDED IN SCIENCE, COMPASSION, HEALTH, AND HUMAN RIGHTS; IN WHICH PEOPLE ARE NO LONGER PUNISHED FOR WHAT THEY PUT INTO THEIR OWN BODIES BUT ONLY FOR CRIMES AGAINST OTHERS; AND IN WHICH

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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,243,444. including grants of \$) (Revenue \$ 382,140.) PUBLIC POLICY AND LEGAL AFFAIRS-

THE DRUG POLICY ALLIANCE SEEKS TO FUNDAMENTALLY TRANSFORM THE WAY SOCIETY THINKS ABOUT AND ADDRESSES DRUGS, THE PEOPLE WHO USE THEM, AND THE MARKETS THROUGH WHICH THEY ARE AVAILABLE. WE ADVOCATE A WHOLESALE CHANGE OF DRUG POLICY - AN END TO THE WAR ON DRUGS - BASED ON OUR ORGANIZATIONAL VALUES OF REASON, COMPASSION, JUSTICE, FREEDOM, AND RESPONSIBILITY. MOST GENERALLY, OUR GOAL IS TO SHIFT THE U.S. RESPONSE TO DRUGS FROM A PUNITIVE CRIMINAL JUSTICE MODEL TO ONE BASED ON PUBLIC HEALTH AND HUMAN RIGHTS. WHILE OUR WORK ADDRESSES THE WIDE RANGE OF SOCIAL, POLITICAL, AND ECONOMIC ISSUES TOUCHED BY THE WAR ON DRUGS, NEARLY ALL OF OUR EFFORTS FALL UNDER FOUR SUBSTANTIVE ISSUE AREAS:

4b (Code:) (Expenses \$ 1,335,681. including grants of \$) (Revenue \$ 14,000.) COMMUNICATIONS-

THE DRUG POLICY ALLIANCE INITIATES AND SHAPES LOCAL, NATIONAL, AND INTERNATIONAL DIALOGUE ON DRUG POLICY REFORM, EXPOSING THE PUBLIC TO OUR MESSAGES AND GENERATING EARNED MEDIA EACH YEAR EQUIVALENT IN IMPACT TO WHAT WOULD COST MILLIONS OF DOLLARS IN PAID ADVERTISING. OUR PUBLIC RELATIONS EFFORTS SUPPORT OUR LOCAL AND NATIONAL PROGRAMS AND PROJECTS, HELP SMALLER ORGANIZATIONS PROMOTE THEIR OWN CAMPAIGNS, AND TAKE ADVANTAGE OF BREAKING NEWS TO PROVOKE DEBATE FRAMED BY OUR MISSION AND VISION. WE PUBLISH BOOKLETS AND OTHER MATERIALS ON CUTTING EDGE DRUG POLICY ISSUES, AND COLLABORATE WITH ALLIED ORGANIZATIONS IN PRODUCING ASSESSMENTS OF STATE AND FEDERAL DRUG AND CRIME POLICIES. THE

4c (Code:) (Expenses \$ 1,307,772. including grants of \$ 1,089,151.) (Revenue \$) GRANTS -

THE DRUG POLICY ALLIANCE'S ADVOCACY GRANTS PROGRAM ADVANCES DRUG POLICY REFORM AT THE LOCAL, STATE, AND NATIONAL LEVELS BY STRATEGICALLY FUNDING SMALLER AND GEOGRAPHICALLY LIMITED ORGANIZATIONS AND PROJECTS. IT HAS THREE FUNDING TRACKS. THE FIRST IS PROMOTING POLICY CHANGE, THROUGH WHICH WE AWARDED APPROXIMATELY \$750,000 MILLION. THE SECOND, TOTALING APPROXIMATELY \$400,000, IS RAPID RESPONSE/SPECIAL OPPORTUNITIES, THROUGH WHICH WE AWARDED SMALLER GRANTS TO TIME-SENSITIVE PROJECTS. THE THIRD IS A DISCRETIONARY FUND OF APPROXIMATELY \$20,000, THROUGH WHICH WE AWARD SMALL GRANTS OF UP TO \$2,500. WE ALSO ALLOCATE FUNDS TO BRING TOGETHER GRANTEEES ANNUALLY TO

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,134,451. including grants of \$) (Revenue \$ 190,682.)

4e Total program service expenses 10,021,348.

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 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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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 temporarily restricted endowments, permanent endowments, or 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 X</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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 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 Compliance

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

Input box for Schedule O

Main table with columns for question ID, question text, and Yes/No columns. Includes rows 1a-14b with various tax-related questions and numerical inputs.

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.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 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? (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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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 (X); b Other officers or key employees of the organization (X); 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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. [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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: RYAN CHAVEZ, DIR. OF FINANCE AND ADMIN. - (212)613-8040 131 W. 33RD STREET, 15TH FLOOR, NEW YORK, NY 10001

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) IRA GLASSER PRESIDENT	2.00 2.00	X		X				0.	0.	0.
(2) REV. EDWIN SANDERS SECRETARY	2.00	X		X				0.	0.	0.
(3) RICHARD B. WOLF, TREASURER THROUGH SEPT. 2015	2.00	X		X				0.	0.	0.
(4) ETHAN NADELMANN EXECUTIVE DIRECTOR	40.00 8.00	X		X			294,181.	0.	39,266.	
(5) THE HON, LARRY CAMPBELL DIRECTOR	1.00	X					0.	0.	0.	
(6) CHRISTINE DOWNTON DIRECTOR	1.00 1.00	X					0.	0.	0.	
(7) JODIE EVANS DIRECTOR	1.00	X					0.	0.	0.	
(8) JAMES E. FERGUSON, II DIRECTOR	1.00	X					0.	0.	0.	
(9) JASON FLOM DIRECTOR	1.00	X					0.	0.	0.	
(10) CARL HART, PHD DIRECTOR	1.00	X					0.	0.	0.	
(11) KENNETH HERTZ DIRECTOR	1.00	X					0.	0.	0.	
(12) MATHILDE KRIM, PHD, DIRECTOR THROUGH AUG. 2015	2.00	X					0.	0.	0.	
(13) DAVID C. LEWIS, MD DIRECTOR	1.00 1.00	X					0.	0.	0.	
(14) PAMELA LICHTY DIRECTOR	1.00	X					0.	0.	0.	
(15) JOSIAH RICH, MD DIRECTOR	1.00	X					0.	0.	0.	
(16) MICHAEL SKOLNIK DIRECTOR	1.00	X					0.	0.	0.	
(17) GEORGE SOROS DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ILONA SZABO DE CAVALHO DIRECTOR	1.00	X					0.	0.	0.	
(19) RYAN CHAVEZ DIR. OF FINANCE AND ADMIN.	40.00			X			150,617.	0.	22,120.	
(20) STEPHEN GUTWILLIG DEPUTY EXECUTIVE DIR. OF P	40.00			X			160,558.	0.	28,681.	
(21) SHARDA SEKARAN MANAGING DIRECTOR - COMMUN	40.00				X		129,127.	0.	21,668.	
(22) CLOVIS THORN MANAGING DIRECTOR - FUNDRA	40.00				X		126,022.	0.	20,356.	
(23) BILL PIPER SR. DIRECTOR - NATIONAL AFFAIRS	40.00				X		127,338.	0.	23,051.	
(24) ROSEANNE SCOTTI SR. DIRECTOR - NJ RESIDENT STATES &	40.00				X		122,785.	0.	20,849.	
(25) TAMAR TODD SR. DIRECTOR - LEGAL AFFAIRS	40.00				X		118,579.	0.	17,774.	
1b Sub-total							1,229,207.	0.	193,765.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,229,207.	0.	193,765.	

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 **14**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
A.B. DATA P.O. BOX 170062, MILWAUKEE, WI 53217	FUNDRAISING CONSULTANT	630,671.
JACKSON RIVER, LLP, 2535 13TH STREET NW #005, WASHINGTON, DC 20009	WEBSITE CONSULTING ON LINE MARKETING & CONSULTING	175,243.
SANKY COMMUNICATIONS, INC. 599 11TH AVENUE, 6TH FL, NEW YORK, NY 10036	SOFTWARE CONSULTANT	150,238.
BLACKBAUD P.O. BOX 930256, ATLANTA, GA 31193		118,088.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	1,048,139.				
	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	8,748,855.				
	g Noncash contributions included in lines 1a-1f: \$		67,599.				
	h Total. Add lines 1a-1f		9,796,994.				
	Program Service Revenue	2 a REGISTRATION AND CONFERENCE INCOM		Business Code 611710	450,800.	450,800.	
b DRUG POLICY ACTION ADMIN		900099	122,022.	122,022.			
c PUBLICATIONS AND VIDEOS		611710	14,000.	14,000.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			586,822.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			15,975.		15,975.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			134.		134.	
	6 a Gross rents	(i) Real	(ii) Personal				
		7,272.					
		b Less: rental expenses	0.				
	c Rental income or (loss)	7,272.					
	d Net rental income or (loss)			7,272.		7,272.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		67,441.					
		b Less: cost or other basis and sales expenses	67,599.				
		c Gain or (loss)	-158.				
	d Net gain or (loss)			-158.		-158.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a				
	b Less: direct expenses		b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a OTHER REVENUE		900099	15,905.			15,905.	
b SCHOLARSHIP APPLICATION FEE		900099	7,300.			7,300.	
c							
d All other revenue							
e Total. Add lines 11a-11d			23,205.				
12 Total revenue. See instructions.			10,430,244.	586,822.	0.	46,428.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,080,151.	1,080,151.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	9,000.	9,000.		
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	698,606.	353,106.	268,411.	77,089.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,929,951.	3,509,861.	937,132.	482,958.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	269,540.	196,934.	52,577.	20,029.
9 Other employee benefits	593,979.	412,225.	134,060.	47,694.
10 Payroll taxes	435,618.	300,174.	100,371.	35,073.
11 Fees for services (non-employees):				
a Management	9,330.	3,699.	5,532.	99.
b Legal	34,035.	12,769.	21,266.	
c Accounting	44,391.		44,391.	
d Lobbying	395,585.	395,585.		
e Professional fundraising services. See Part IV, line 17	291,050.			291,050.
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.)	11,983.	8,257.	2,761.	965.
12 Advertising and promotion	94,401.	90,671.		3,730.
13 Office expenses	799,346.	409,154.	104,026.	286,166.
14 Information technology	224,210.	142,240.	23,811.	58,159.
15 Royalties	6,131.			6,131.
16 Occupancy	815,235.	621,547.	158,555.	35,133.
17 Travel	569,721.	450,369.	93,638.	25,714.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	795,112.	729,570.	31,015.	34,527.
20 Interest	118,333.	47,333.	48,517.	22,483.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	214,103.	115,616.	74,936.	23,551.
23 Insurance	77,562.	9,352.	68,210.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM FEES	964,101.	964,101.		
b MAINTENANCE AND REPAIRS	104,783.	78,407.	18,673.	7,703.
c MEMBERSHIP/SUBSCRIPTION	88,516.	81,227.	3,962.	3,327.
d BOARD EXPENSES	5,745.		5,745.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,680,518.	10,021,348.	2,197,589.	1,461,581.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	454,784.	82,218.	0.	372,566.

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
Assets	1 Cash - non-interest-bearing	263,246.	1	337,170.
	2 Savings and temporary cash investments	1,156,005.	2	2,180,232.
	3 Pledges and grants receivable, net	4,936,281.	3	4,322,069.
	4 Accounts receivable, net	44,105.	4	95,186.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	96,137.	9	132,163.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,285,783.		
	b Less: accumulated depreciation	10b 768,789.	5,643,129.	10c 5,516,994.
	11 Investments - publicly traded securities	698,992.	11	711,022.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	89,422.	15	106,821.
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,927,317.	16	13,401,657.	
Liabilities	17 Accounts payable and accrued expenses	1,045,118.	17	997,391.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,872,254.	23	2,794,776.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,150,000.	25	7,000,000.
	26 Total liabilities. Add lines 17 through 25	7,067,372.	26	10,792,167.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-299,113.	27	-3,242,104.
	28 Temporarily restricted net assets	6,159,058.	28	5,851,594.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	5,859,945.	33	2,609,490.	
34 Total liabilities and net assets/fund balances	12,927,317.	34	13,401,657.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,430,244.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,680,518.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,250,274.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,859,945.
5	Net unrealized gains (losses) on investments	5	-600.
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	419.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,609,490.

Part XII Financial Statements and Reporting

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

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

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,319,498.	8,899,787.	6,227,328.	14,070,325.	9,796,994.	52,313,932.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13,319,498.	8,899,787.	6,227,328.	14,070,325.	9,796,994.	52,313,932.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						21,309,702.
6 Public support. Subtract line 5 from line 4.						31,004,230.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	13,319,498.	8,899,787.	6,227,328.	14,070,325.	9,796,994.	52,313,932.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,758.	18,546.	8,019.	16,812.	23,381.	78,516.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	16,251.	697.	140,644.	190,767.	23,205.	371,564.
11 Total support. Add lines 7 through 10						52,764,012.
12 Gross receipts from related activities, etc. (see instructions)					12	1,734,679.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	58.76 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	52.82 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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?		
b A family member of a person described in (a) above?		
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.		

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.		
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.		

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).		

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?		
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).		
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.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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.		
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.	Yes	No
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
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.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2011 AMOUNT: \$ 16,251.

2013 AMOUNT: \$ 361.

2014 AMOUNT: \$ 1,501.

2015 AMOUNT: \$ 15,905.

HONORARIUMS AND REBATE

2012 AMOUNT: \$ 697.

2013 AMOUNT: \$ 510.

2014 AMOUNT: \$ 1,310.

OTHER REIMBURSEMENT

2013 AMOUNT: \$ 26,322.

2014 AMOUNT: \$ 41,355.

DRUG POLICY ACTION ADMIN. FEE

2013 AMOUNT: \$ 113,451.

2014 AMOUNT: \$ 145,911.

SCHOLARSHIP APPLICATION FEE

2014 AMOUNT: \$ 690.

2015 AMOUNT: \$ 7,300.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>644,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>610,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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-A.

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) organizations: Complete Part III.

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

LHA
532041
10-05-15

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	11,612.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	498,770.													
c	Total lobbying expenditures (add lines 1a and 1b)	510,382.													
d	Other exempt purpose expenditures	11,708,555.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	12,218,937.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	760,947.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	190,237.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	651,341.	704,855.	689,073.	760,947.	2,806,216.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,209,324.
c Total lobbying expenditures	556,622.	619,574.	553,700.	510,382.	2,240,278.
d Grassroots nontaxable amount	162,835.	176,214.	172,268.	190,237.	701,554.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,052,331.
f Grassroots lobbying expenditures	13,846.	14,869.	9,627.	11,612.	49,954.

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

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

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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.**

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the 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 8/17/06, 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?

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)?

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

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

(i) Revenue included 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 SFAS 116 (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) 2015

532051
11-02-15

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on 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.

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

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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				
b Buildings		4,340,092.	117,300.	4,222,792.
c Leasehold improvements		939,465.	125,126.	814,339.
d Equipment		956,316.	526,363.	429,953.
e Other		49,910.		49,910.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,516,994.

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) LOAN PAYABLE TO DRUG POLICY ACTION	7,000,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,000,000.

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

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	10,429,644.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-600.
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	-600.
3	Subtract line 2e from line 1	3	10,430,244.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,430,244.

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	13,680,099.
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	0.
3	Subtract line 2e from line 1	3	13,680,099.
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	419.
c	Add lines 4a and 4b	4c	419.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,680,518.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

DPA RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT DPA HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. DPA IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR THE PERIODS PRIOR TO 2013.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANT REFUNDS NETTED AGAINST GRANT EXPENSE 419.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
A.B. DATA - P.O. BOX 170062, MILWAUKEE, WI 53217-8000	DIRECT MAILINGS		X	675,820.	179,336.	496,484.
SANKY COMMUNICATIONS, INC. - 599 ELEVENTH AVENUE, 6TH FL,	ON LINE MARKETING AND CONSULTING		X	291,983.	111,714.	180,269.
Total				967,803.	291,050.	676,753.

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

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

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

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

- (I) NAME OF FUNDRAISER: A.B. DATA
- (I) ADDRESS OF FUNDRAISER: P.O. BOX 170062, MILWAUKEE, WI 53217-8000
- (I) NAME OF FUNDRAISER: SANKY COMMUNICATIONS, INC.
- (I) ADDRESS OF FUNDRAISER: 599 ELEVENTH AVENUE, 6TH FL, NEW YORK, NY 10036

PART I, LINE 2B, COLUMN (V):

Part IV Supplemental Information (continued)

A.B. DATA, LTD. WAS RETAINED FOR THE CHARITABLE PURPOSE OF FUNDRAISING SOLICITATION THROUGH DIRECT MAILING TO ASSIST DPA'S WORK IN BROADENING THE PUBLIC DEBATE ON DRUG POLICY AND TO PROMOTE REALISTIC ALTERNATIVES TO WAR ON DRUGS BASED ON SCIENCE, COMPASSION, PUBLIC HEALTH AND HUMAN RIGHTS. THE ORGANIZATION DISTINGUISHES BETWEEN PAYMENT FOR CONSULTING FEES AND EXPENSE REIMBURSEMENT WITH A.B. DATA BASED ON SPECIFIC CONTRACT ARRANGEMENTS AND ITEMIZED INVOICING.

SANKY COMMUNICATIONS, INC. WAS RETAINED TO DESIGN AND SUPERVISE AN ONLINE FUNDRAISING PROGRAM FOR DRUG POLICY ALLIANCE.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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
A BETTER WAY FOUNDATION P.O. BOX 942 HARTFORD, CT 06101	06-1576383	501(C)3	25,000.	0.	N/A	N/A	TO PROVIDE TARGETED TECHNICAL ASSISTANCE, STRATEGY, AND CAMPAIGN ORGANIZING SUPPORT TO DPA
A NEW PATH 2527 DOUBLETREE ROAD SPRING VALLEY, CA 91978	33-0883927	501(C)3	53,500.	0.	N/A	N/A	1) EXPAND OUR MONTHLY OVERDOSE PREVENTION TRAINING AND NALOXONE DISTRIBUTION CLASSES FOR
A NEW WAY OF LIFE RE-ENTRY PROJECT P.O. BOX 875288 LOS ANGELES, CA 90087	95-4782503	501(C)3	23,000.	0.	N/A	N/A	TO WORK WITH DPA-CA TO ADVANCE THE PROVEN CRIMINAL JUSTICE ADVOCACY EXPERTISE ESTABLISHED
ALTERNET 77 FEDERAL PLAZA FLOOR 2 SAN FRANCISCO, CA 94107	52-1309876	501(C)3	20,000.	0.	N/A	N/A	TO CONTINUE THEIR ANALYSIS AND OUTREACH EFFORTS ON BEHALF OF DRUG REFORM--INCLUDING THEIR
ATLANTA HARM REDUCTION COALITION P.O. BOX 92670 ATLANTA, GA 30314	58-2227958	501(C)3	10,000.	0.	N/A	N/A	TO ADDRESS HIV/AIDS AND HCV AMONGST INTRAVENOUS DRUG USERS (IDU). THIS PROJECT WILL IMPROVE
BOOM!HEALTH 540 EAST FORDHAM RD BRONX, NY 10458	13-3599121	501(C)3	25,000.	0.	N/A	N/A	TO EXPAND ON THE SUCCESS OF ITS "SEA OF BLUE" CAMPAGIN WHICH WILL PROVIDE OPIOID OVERDOSE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **48.**

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

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

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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
CANGRESS (DBA LA COMMUNITY ACTION NETWORK) - 530 S. MAIN STREET - LOS ANGELES, CA 90013	02-0661629	501(C)3	12,500.	0.	N/A	N/A	TO SUPPORT ITS CIVIL RIGHTS ADVOCACY PROJECT, WHICH INCLUDES GRASSROOTS ORGANIZING AND
CENTER FOR LAW AND JUSTICE 153 SOUTH PEARL STREET ALBANY, NY 12202	22-3070066	501(C)3	25,000.	0.	N/A	N/A	TO FURTHER DEVELOP AND IMPLEMENT A PRE-BOOKING DIVERSION PROGRAM FOR LOW-LEVEL OFFENSES,
CENTER FOR LIVING AND LEARNING 14549 ARCHWOOD STREET, #221 VAN NUYS, CA 91405	95-4406897	501(C)3	18,000.	0.	N/A	N/A	TO ADDRESS THE NEED TO CHANGE THE CULTURE OF TREATMENT AND RE-ENTRY PROVIDERS FROM WITHIN THE
COLORADO CRIMINAL JUSTICE REFORM COALITION (CCJRC) - 1212 MARIPOSA STREET #6 - DENVER, CO 80204	84-1449882	501(C)3	35,000.	0.	N/A	N/A	TO INCREASE ACCESS TO HEALTH CARE, PARTICULARLY BEHAVIORAL HEALTH CARE, FOR PEOPLE INVOLVED IN
COLORADO JUVENILE DEFENDER CENTER 2062 STOUT STREET DENVER, CO 80205	27-2021425	501(C)3	10,000.	0.	N/A	N/A	TO SUPPORT CJDC'S "WHERE ARE THE CHILDREN? UNCOVERING JUVENILE PROSECUTION IN MUNICIPAL
DANCESAFE 800 GRANT STREET, SUITE 110 DENVER, CO 80203	94-3365608	501(C)3	10,000.	0.	N/A	N/A	TO EXPAND PUBLIC EDUCATION EFFORTS FOR THE CAMPAIGN TO "AMEND THE RAVE ACT" (ATRA).
DRCNET FOUNDATION INC. P.O. BOX 9853 WASHINGTON, DC 20016	52-2034867	501(C)3	22,500.	0.	N/A	N/A	1) GENERAL SUPPORT, TO BE APPLIED TO OUR ONLINE EDUCATIONAL PUBLISHING. 2) TO INFLUENCE US
DRUG POLICY FORUM OF HAWAII P.O. BOX 83 HONOLULU, HI 96810	94-3263242	501(C)3	15,000.	0.	N/A	N/A	TO PAY FOR PARTIAL COMPENSATION FOR THE FULL-TIME EXECUTIVE DIRECTOR POSITION AND THE
DRUGTRUTH NETWORK 9639 RAILTON STREET HOUSTON, TX 77080	76-0514790	501(C)3	10,000.	0.	N/A	N/A	TO SUPPORT RADIO PROGRAMS THAT ARE BROADCAST ON AIR, ONLINE AND AS DOWNLOADABLE PODCASTS.

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
HARM REDUCTION ACTION CENTER 733 SANTA FE DRIVE DENVER, CO 80204	84-1493585	501(C)3	20,000.	0.	N/A	N/A	TO HELPS FURTHER SET THE STAGE FOR IMMINENT DISCUSSION ABOUT SUPERVISED INJECTION IN
ILLINOIS CONSORTIUM ON DRUG POLICY (F.S. ROOSEVELT UNIVERSITY) - 430 S. MICHIGAN AVENUE - CHICAGO, IL 60605	36-2167854	501(C)3	30,000.	0.	N/A	N/A	TO ADVANCE DRUG POLICY REFORM AND INCLUDE IMPACTED INDIVIDUALS IN THESE EFFORTS. THE FIRST
IMMIGRANT DEFENSE PROJECT 28 WEST 39TH STREET, SUITE 501 NEW YORK, NY 10018	13-2612524	501(C)3	15,000.	0.	N/A	N/A	TO CREATE & DISTRIBUTE A SERIES OF MULTI-USE INFORGRAPHICS DESIGNED TO MAKE THE DETRIMENTAL
INSTITUTE OF BLACK WORLD 21ST CENTURY - 31-35 95TH STREET - EAST ELMHURST, NY 11369	30-0186895	501(C)3	25,000.	0.	N/A	N/A	TO SUPPORT THE JC WORK FOR DRUG AND CRIMINAL JUSTICE REFORM, AS WELL AS ADAPTING HARM
JUSTICE STRATEGIES 107 RIVER PARK DRIVE RARITAN, NJ 08869	94-3213100	501(C)3	20,000.	0.	N/A	N/A	TO PROVIDE SUPPORT FOR HIGH QUALITY NON-PARTISAN RESEARCH AND TECHNICAL ASSISTANCE THAT INFORMS
LATINO JUSTICE 99 HUDSON STREET NEW YORK, NY 10013	13-2722664	501(C)3	15,000.	0.	N/A	N/A	TO ASSIST IN THE ORGANIZATION OF A CONVENING OF LATINO NATIONAL LEADERS. LATINOS
LEGAL SERVICES FOR PRISONERS WITH CHILDREN - 1540 MARKET STREET, SUITE 490 - SAN FRANCISCO, CA 94102	94-3080408	501(C)3	48,000.	0.	N/A	N/A	1) TO INCREASE THE POLITICAL POWER OF PRISONERS, FORMERLY INCARCERATED PEOPLE, AND
LOS ANGELES REGIONAL REENTRY PARTNERSHIP - 2202 S. FIGUEROA STREET, #717 - LOS ANGELES, CA 90007	95-4302067	501(C)3	23,000.	0.	N/A	N/A	GENERAL SUPPORT TO FURTHER ITS CURRENT AND PLANNED EFFORTS WITH A RENEWED FOCUS ON HARM
MAINE HARM REDUCTION ALLIANCE 25A PINE STREET ELLESWORTH, ME 04605	01-0441229	501(C)3	20,000.	0.	N/A	N/A	TO BUILD THE CAPACITY OF THE POLICY SUBCOMMITTEE OF THE MAINE HARM REDUCTION ALLIANCE

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
NEW MEXICO VOICES FOR CHILDREN 625 SILVER AVENUE SW, SUITE 195 ALBUQUERQUE, NM 87102	85-0348301	501(C)3	15,000.	0.	N/A	N/A	TO SUPPORT WORK ON A GROUNDBREAKING REPORT ANALYZING POLICING OF DRUG POLICIES IN NEW
NEW YORK ACADEMY OF MEDICINE 1216 FIFTH AVENUE NEW YORK, NY 10029	13-1656674	501(C)3	20,000.	0.	N/A	N/A	SUPPORT TO WORK TOWARD THREE SPECIFIC GOALS. THE FIRST IS TO IMPLEMENT SPECIFIC BLUEPRINT POLICY
NORTH CAROLINA HARM REDUCTION COALITION - P.O. BOX 1376 - DURHAM, NC 27709	20-3452075	501(C)3	20,000.	0.	N/A	N/A	TO ENHANCE ITS ADVOCACY EFFORTS TO: 1) ADVOCATE FOR A FINAL PUSH TO PASS OUR ENHANCED REPUBLICAN
OAKLAND COMMUNITY ORGANIZATIONS 7200 BANCROFT AVENUE, #2 OAKLAND, CA 94605	94-2494442	501(C)3	20,000.	0.	N/A	N/A	TO HELP ITS CONGREGATIONS CONTINUE TO DEMAND ACCOUNTABILITY FROM PUBLIC OFFICIALS TO
ONE VOICE MISSISSIPPI 1072 J.R LYNCH STREET JACKSON, MS 39203	02-0787550	501(C)3	12,000.	0.	N/A	N/A	TO CONTINUE THE MOMENTUM TO ADDRESS OVER INCARCERATION IN MISSISSIPPI AND TO
PARTNERSHIP FOR SAFETY & JUSTICE 825 NE 20TH AVE, SUITE 250 PORTLAND, OR 97232	93-1277774	501(C)3	15,000.	0.	N/A	N/A	TO PROMOTE ALTERNATIVES TO INCARCERATION WITHIN OREGON'S JUSTICE REINVESTMENT FRAMEWORK,
PROTECT FAMILIES FIRST 55 JOHN STREET PROVIDENCE, RI 02906	46-0545147	501(C)3	15,000.	0.	N/A	N/A	TO CONTINUE OUR MISSION OF BUILDING A MOVEMENT OF YOUTH AND FAMILY VOICES AGAINST THE WAR ON DRUGS
PROJECT INFORM 273 NINTH STREET SAN FRANCISCO, CA 94108	94-3052723	501(C)3	15,000.	0.	N/A	N/A	TO STIMULATE ADVOCACY FOR THE CREATION OF SAFE INJECTION FACILITIES (SIFS) IN THE US.
PUBLIC DEFENDER 810 THIRD AVENUE, SUITE 705 SEATTLE, WA 98104	91-0852323	501(C)3	20,000.	0.	N/A	N/A	TO ASSIST IN ITS CAPACITY TO BUILD A PEER-EDUCATION MODEL GRASSROOTS ORGANIZING PROJECT

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
REVOLVE IMPACT 10800 PEACH GROVE STREET, #3 NORTH HOLLYWOOD, CA 91601	47-2043698	501(C)3	25,000.	0.	N/A	N/A	TO SUPPORT A FOUR-MINUTE MOLLY CRABAPPLE VIDEO NARRATED BY SHAWN "JAY-Z" CARTER ABOUT RACIAL
SAC CULTURAL HUB MEDIA FOUNDATION 7902 GERBER ROAD, BOX #367 SACRAMENTO, CA 95828	90-0106978	501(C)3	6,000.	0.	N/A	N/A	TO SUPPORT THE 2016 BLACK PHYSICIANS FORUM ON MARCH 11, 2016. THE FORUM WILL ENGAGE OVER 200
SAMUEL DEWITT PROCTOR CONFERENCE 4533 S. LAKE PARK CHICAGO, IL 60653	06-1707903	501(C)3	20,000.	0.	N/A	N/A	TO STRENGTHEN ITS FULL TIME STAFF CAPACITY, SUSTAINABILITY AND INTEGRATED EFFORTS TO
SAN FRANCISCO DRUG USERS' UNION (F.S. HARM REDUCTION THERAPY CENTER) - 149 TURK ST - SAN FRANCISCO, CA 94102	94-3363781	501(C)3	35,000.	0.	N/A	N/A	TO CREATE A SOCIETY IN WHICH DRUG USERS HAVE THE SAME RIGHTS THAT GRANTED TO ALL. IN GENERAL TERMS
SOUTHERN COALITION FOR SOCIAL JUSTICE - 1415 WEST HIGHWAY 54, SUITE 101 - DURHAM, NC 27707	26-0688375	501(C)3	20,000.	0.	N/A	N/A	TO SUPPORT THE GROUNDWORK FOR REPLICATING AND EXPANDING DRUG POLICY REFORM WORK ON THE LOCAL,
SOUTHERN TIER AIDS PROGRAM 22 RIVERSIDE DRIVE BINGHAMTON, NY 13905	16-1290951	501(C)3	15,000.	0.	N/A	N/A	TO PROVIDE MUCH NEEDED EDUCATION FOR HUMAN SERVICE PROVIDERS, LAW ENFORCEMENT OFFICIALS,
STREETWISE AND SAFE 147 WEST 24TH STREET, 4TH FL NEW YORK, NY 10011	45-2866644	501(C)3	15,000.	0.	N/A	N/A	TO SUPPORT IN THE AMOUNT OF \$15,000 TO ENABLE US TO ENGAGE LESBIAN, GAY, BISEXUAL, TRANS, QUEER
SUNCOAST HARM REDUCTION PROJECT 661 ALLIGATOR DRIVE VENICE, FL 34293	33-0883927	501(C)3	10,000.	0.	N/A	N/A	TO FUND TRAVEL, COMMUNITY OUTREACH FORUMS AND EDUCATIONAL MATERIALS AS NEEDED TO STRATEGICALLY
TEXAS CRIMINAL JUSTICE COALITION 1714 FORTVIEW ROAD, SUITE 104 AUSTION, TX 78704	74-2969471	501(C)3	15,000.	0.	N/A	N/A	TO REDUCE TEXAS' HISTORICAL "INCARCERATION-FIRST" RESPONSE TO DRUG CRIMES

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
THE ORDINARY PEOPLE SOCIETY (TOPS) 403 WEST POWELL STREET DOTHAN, AL 36303	82-0587071	501(C)3	30,000.	0.	N/A	N/A	TO SUPPORT T.O.P.S.' EFFORTS TO CHANGE THE DRACONIAN CLIMATE IN ALABAMA, FLORIDA, AND
UNIVERSITY OF MIAMI 1320 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146-2926	59-0624458	501(C)3	85,000.	0.	N/A	N/A	GENERAL SUPPORT
VICTIM OFFENDER RECONCILIATION PROGRAM (VORP) OF DENVER - 420 W. 9TH AVE - DENVER, CO 80204	84-1313876	501(C)3	30,000.	0.	N/A	N/A	1) TO SUPPORT A TWO-DAY BACK TO SCHOOL YOUTH SUMMIT CONSISTING OF A SERIES OF GUEST SPEAKERS
VOCAL (F.S. NYC AIDS HOUSING NETWORK -NYCAHN) - 80-A FOURTH AVENUE - BROOKLYN, NY 11217	13-4094385	501(C)3	64,151.	0.	N/A	N/A	1) TO SUPPORT FOR THEIR COMMUNITY ORGANIZING, LEADERSHIP DEVELOPMENT, COALITION BUILDING AND
WOMEN WITH A VISION 1001 S. BROAD STREET NEW ORLEANS, LA 70125	72-1202185	501(C)3	10,000.	0.	N/A	N/A	TO SUPPORT AS IT TURNS ITS LENS TOWARD PRODUCING A LARGE-SCALE COMMUNITY EDUCATION AND ENGAGEMENT
YOUNG WOMEN UNITED P.O. BOX 8490 ALBUQUERQUE, NM 87108	85-0481224	501(C)3	15,000.	0.	N/A	N/A	TO SUPPORT YWU IN COMMITTING TO CENTER THE VOICES AND EXPERTISE OF THE WOMEN MOST IMPACTED

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 non-cash assistance
RAPID RESPONSE GRANT	1	9,000.	0.		

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

PART I, LINE 2:

THE DRUG POLICY ALLIANCE'S ADVOCACY GRANTS PROGRAM IS DIVIDED INTO TWO
DISTINCT FUNDING POOLS, THE ANNUAL PROMOTING POLICY CHANGE PROGRAM (PPC),
WHICH GRANTS ROUGHLY \$750,000 OVER THE COURSE OF THE FISCAL YEAR; AND THE
MONTHLY SPECIAL OPPORTUNITIES (SPOPP) PROGRAM, WHICH HAS THE CAPACITY TO
GRANT \$400,000 OVER THE SAME PERIOD. THE GRANTS PROGRAM IS PROMOTED THROUGH
DPA'S WEB SITE, OTHER DRUG POLICY WEBSITES, CONFERENCES, AND WEBINARS AND
BY DPA STAFF IN ALL STATES WHERE DPA HAS A PRESENCE. GRANTS ARE
OVERWHELMINGLY MADE TO ORGANIZATIONS THAT HAVE ACHIEVED 501(C)(3) STATUS

Part IV Supplemental Information

AND THAT ORGANIZE AND CONDUCT PUBLIC EDUCATION CAMPAIGNS ALIGNED WITH OUR PRIMARY EXEMPT PURPOSE. ALL APPLICANTS ARE REQUIRED TO SUBMIT A PROJECT PROPOSAL, MOST CURRENT IRS FORM 990; AUDITED FINANCIAL STATEMENTS; BOARD MEETINGS; KEY STAFF RESUMES; 501(C)(3) IRS EXEMPT LETTER. APPLICANT ORGANIZATIONS THAT HAVE NOT RECEIVED THEIR 501(C)(3) EXEMPT LETTER NEED TO APPLY THROUGH A FISCAL SPONSOR WITH 501(C)(3) STATUS.

THE PROGRAM IS MANAGED BY TWO PART-TIME STAFFERS WHO REVIEW ALL APPLICATIONS AND CONSULT HEAVILY WITH DPA STAFF KNOWLEDGEABLE ON THE ISSUES AND THE APPLICANT ORGANIZATIONS, COMMUNITY LEADERS AND OTHER DRUG POLICY REFORM EXPERTS. AFTER THEIR INTERNAL REVIEW, THE STAFF PRESENTS THE APPLICATION AND THEIR RECOMMENDATIONS TO A SIX-PERSON REVIEW COMMITTEE COMPRISED OF A DPA BOARD MEMBER, COMMUNITY LEADERS, AND DPA'S EXECUTIVE DIRECTOR. THE COMMITTEE IS ULTIMATELY RESPONSIBLE FOR MAKING AWARD DECISIONS. THE PROGRAM STAFF MAINTAINS COMMUNICATION WITH THE GRANTEES THROUGHOUT THE YEAR, AND THE GRANT RECIPIENT ORGANIZATIONS ATTEND AN ANNUAL PARTNERS MEETING TO DISCUSS THEIR PROJECTS AND OUTCOMES. AT THE END OF THE GRANT CYCLE, ALL GRANTEES SUBMIT A FINAL NARRATIVE AND EXPENDITURE REPORT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: A BETTER WAY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TARGETED TECHNICAL ASSISTANCE, STRATEGY, AND CAMPAIGN ORGANIZING SUPPORT TO DPA AND ITS PARTNERS NETWORK SO THEY CAN ENGAGE IN THE 2016 UN GENERAL ASSEMBLY SPECIAL SESSION ON DRUGS.

NAME OF ORGANIZATION OR GOVERNMENT: A NEW PATH

(H) PURPOSE OF GRANT OR ASSISTANCE: 1) EXPAND OUR MONTHLY OVERDOSE

Part IV Supplemental Information

PREVENTION TRAINING AND NALOXONE DISTRIBUTION CLASSES FOR PARENTS AND SOBER LIVING FACILITIES. 2) TO PARTIALLY FUND THE BROKEN NO MORE/GRASP 2016 CONFERENCE AND RETREAT. THE PURPOSE OF THE PROJECT IS TO SUPPORT, EDUCATE, AND TRAIN THE PARTICIPANTS IN THE METHODS OF EFFECTIVE ADVOCACY. 3) TO SUPPORT MOMS UNITED CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: A NEW WAY OF LIFE RE-ENTRY PROJECT (H) PURPOSE OF GRANT OR ASSISTANCE: TO WORK WITH DPA-CA TO ADVANCE THE PROVEN CRIMINAL JUSTICE ADVOCACY EXPERTISE ESTABLISHED THROUGH THE ORGANIZATION'S COMMUNITY ORGANIZING, LEADERSHIP DEVELOPMENT, AND LEGISLATIVE RELATIONSHIP-BUILDING.

NAME OF ORGANIZATION OR GOVERNMENT: ALTERNET (H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE THEIR ANALYSIS AND OUTREACH EFFORTS ON BEHALF OF DRUG REFORM--INCLUDING THEIR LONG-STANDING PARTNERSHIP WITH THE DRUG POLICY ALLIANCE--WITH A WIDE ARRAY OF WRITERS PROMOTING ARTICLES FEATURING THE MOST UP TO DATE, RELEVANT NEWS AND ANALYSIS ON THE DRUG WAR AND PROMOTING IT TO THEIR VERY LARGE READERSHIP THROUGH SOCIAL MEDIA.

NAME OF ORGANIZATION OR GOVERNMENT: ATLANTA HARM REDUCTION COALITION (H) PURPOSE OF GRANT OR ASSISTANCE: TO ADDRESS HIV/AIDS AND HCV AMONGST INTRAVENOUS DRUG USERS (IDU). THIS PROJECT WILL IMPROVE HIV/AIDS AND HCV PUBLIC POLICY THROUGH ADVOCACY AND SYRINGE EXCHANGE DIRECT SERVICE ACTIVITIES. THIS PROJECT WILL SHAPE PUBLIC POLICY THROUGH A SERIES OF EDUCATIONAL WORKSHOPS, COALITION BUILDING, AND CREATION OF A SPEAKER NETWORK THAT ULTIMATELY LEAD TO DECREASE TRANSMISSION OF HIV AND HCV AMONG IDU AND THOSE ASSOCIATED WITH THEM.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BOOM!HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EXPAND ON THE SUCCESS OF ITS "SEA OF BLUE" CAMPAGIN WHICH WILL PROVIDE OPIOD OVERDOSE REVERSAL TRAINING AND NALOXONE KITS TO THE COMMUNITY AT LARGE. BOOM!HEALTH WILL "FLOOD" THE COMMUNITIES WE WORK WITH EDUCATION AND TRAINING ON OPIAT

NAME OF ORGANIZATION OR GOVERNMENT:

CANGRESS (DBA LA COMMUNITY ACTION NETWORK)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ITS CIVIL RIGHTS ADVOCACY PROJECT, WHICH INCLUDES GRASSROOTS ORGANIZING AND MOBILIZATION, ADVOCACY AND PUBLIC EDUCATION COMPONENTS TO EFFECT DRUG POLICY REFORM, REVERSE THE PUNITIVE APPROACH TO DRUG OFFENSES IN LOS ANGELES

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR LAW AND JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FURTHER DEVELOP AND IMPLEMENT A PRE-BOOKING DIVERSION PROGRAM FOR LOW-LEVEL OFFENSES, SIMILAR TO SEATTLE'S LAW-ENFORCEMENT ASSISTED DIVERSION (LEAD) PROGRAM, IN ALBANY.

NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR LIVING AND LEARNING

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADDRESS THE NEED TO CHANGE THE CULTURE OF TREATMENT AND RE-ENTRY PROVIDERS FROM WITHIN THE PROVIDER COMMUNITY TO EMBRACE HARM REDUCTION AND SPECIFICALLY OVERDOSE PREVENTION EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT:

COLORADO CRIMINAL JUSTICE REFORM COALITION (CCJRC)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO INCREASE ACCESS TO HEALTH CARE,

Part IV Supplemental Information

PARTICULARLY BEHAVIORAL HEALTH CARE, FOR PEOPLE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM THROUGH IMPLEMENTATION OF THE AFFORDABLE CARE ACT.

NAME OF ORGANIZATION OR GOVERNMENT: COLORADO JUVENILE DEFENDER CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CJDC'S "WHERE ARE THE CHILDREN? UNCOVERING JUVENILE PROSECUTION IN MUNICIPAL COURT" DIRECT REPRESENTATION AND DATA COLLECTION PROJECT, PART OF CJDC'S WE BELIEVE IN YOUTH PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: DRCNET FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 1) GENERAL SUPPORT, TO BE APPLIED TO OUR ONLINE EDUCATIONAL PUBLISHING. 2) TO INFLUENCE US FOREIGN POLICY AND DIPLOMACY ON DRUG POLICY ISSUES, INCLUDING A COALITION THAT HAS ALREADY STARTED WORK.

NAME OF ORGANIZATION OR GOVERNMENT: DRUG POLICY FORUM OF HAWAII

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PAY FOR PARTIAL COMPENSATION FOR THE FULL-TIME EXECUTIVE DIRECTOR POSITION AND THE PART-TIME ORGANIZER POSITION, AS WELL AS UNDERWRITING PUBLIC EDUCATION EXPENSES INCLUDING NEWSLETTERS, EVENT FLYERS, ARTICLES, WEBSITE

NAME OF ORGANIZATION OR GOVERNMENT: DRUGTRUTH NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT RADIO PROGRAMS THAT ARE BROADCAST ON AIR, ONLINE AND AS DOWNLOADABLE PODCASTS. THESE SHOWS FEATURE INTERVIEWS WITH KNOWLEDGEABLE AND COMPELLING GUESTS - FROM POLICE OFFICERS, TO POLITICIANS, TO SICK PATIENTS

NAME OF ORGANIZATION OR GOVERNMENT: HARM REDUCTION ACTION CENTER

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELPS FURTHER SET THE STAGE FOR IMMIDENT DISCUSSION ABOUT SUPERVISED INJECTION IN DENVER. SO AS NOT TO MISS THIS OPPORTUNITY TO ADVANCE THIS IMPORTANT CAUSE

NAME OF ORGANIZATION OR GOVERNMENT:

ILLINOIS CONSORTIUM ON DRUG POLICY (F.S. ROOSEVELT UNIVERSITY)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVANCE DRUG POLICY REFORM AND INCLUDE IMPACTED INDIVIDUALS IN THESE EFFORTS. THE FIRST OBJECTIVE IS TO DEVELOP IMPACTED LEADERS IN CHICAGO, THE SUBURBS AND DOWNSTATE BY TRAINING THEM IN LEADERSHIP, ADVOCACY, MEDIA AND ETC.

NAME OF ORGANIZATION OR GOVERNMENT: IMMIGRANT DEFENSE PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE & DISTRIBUTE A SERIES OF MULTI-USE INFORGRAPHICS DESIGNED TO MAKE THE DETRIMENTAL EFFECTS THE WAR ON DRUGS HAS HAD ON IMMIGRANT COMMUNITIES EASILY ACCESSIBLE TO MULTIPLE AUDIENCES. WE ALSO HOPE TO PRODUCE A SHORT VIDEO USING THE INFOGRAPHICS AS A WAY TO OPEN ADDITIONAL CHANNELS OF COMMUNICATION ON THIS CRITICAL ISSUE.

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE OF BLACK WORLD 21ST CENTURY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE JC WORK FOR DRUG AND CRIMINAL JUSTICE REFORM, AS WELL AS ADAPTING HARM REDUCTION MODELS LIKE LEAD IN ONE OR MORE CITIES.

NAME OF ORGANIZATION OR GOVERNMENT: JUSTICE STRATEGIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SUPPORT FOR HIGH QUALITY NON-PARTISAN RESEARCH AND TECHNICAL ASSISTANCE THAT INFORMS AND SUPPORTS GRASSROOTS ORGANIZATIONS, ADVOCATES, AND POLICYMAKERS WORKING TO REFORM

Part IV Supplemental Information

THE CRIMINAL JUSTICE AND IMMIGRATION SYSTEMS' RELIANCE ON DRUG WAR

NAME OF ORGANIZATION OR GOVERNMENT: LATINO JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST IN THE ORGANIZATION OF A CONVENING OF LATINO NATIONAL LEADERS. LATINOS ARE DISPROPORTIONATELY AND ADVERSELY AFFECTED BY DISCRIMINATORY DRUG POLICY AND POLICING PRACTICES BUT NOT ACTIVELY INVOLVED IN SHAPING

NAME OF ORGANIZATION OR GOVERNMENT:

LEGAL SERVICES FOR PRISONERS WITH CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: 1) TO INCREASE THE POLITICAL POWER OF PRISONERS, FORMERLY INCARCERATED PEOPLE, AND OUR FAMILIES TO CHALLENGE MASS INCARCERATION AND THE DRUG WAR, AND TO HAVE A VOICE IN SHAPING A POST-MASS INCARCERATION. 2) TO SUPPORT THE FICPFM NATIONAL CONFERENCE WILL TAKE PLACE SEPTEMBER 8-10, 2016 IN OAKLAND, CALIFORNIA

NAME OF ORGANIZATION OR GOVERNMENT:

LOS ANGELES REGIONAL REENTRY PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT TO FURTHER ITS CURRENT AND PLANNED EFFORTS WITH A RENEWED FOCUS ON HARM REDUCTION, DE-STIGMATIZATION, AND REMOVING BARRIERS THE PRIMARY ELEMENTS OF AN EFFECTIVE COMMUNITY REENTRY SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT: NEW MEXICO VOICES FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WORK ON A GROUNDBREAKING REPORT ANALYZING POLICING OF DRUG POLICIES IN NEW MEXICO AND WILL ILLUSTRATE RACIAL DISPARITIES AT VARIOUS POINTS OF CONTACT WITH LAW ENFORCEMENT AND THE CRIMINAL JUSTICE SYSTEM, BREAKING OUT DISPARITIES

Part IV Supplemental Information

AMONG LATINO AND NATIVE AMERICAN POPULATIONS AND WOMEN TO PROMOTE MORE
EQUITABLE POLICIES.

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK ACADEMY OF MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO WORK TOWARD THREE
SPECIFIC GOALS. THE FIRST IS TO IMPLEMENT SPECIFIC BLUEPRINT POLICY
RECOMMENDATIONS FOR A COORDINATED DRUG POLICY STRATEGY WITHIN NEW YORK
CITY BY ENGAGING THE DE BLASION ADMINISTRATION AND THE NEW YORK CITY
COUNTY

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH CAROLINA HARM REDUCTION COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ENHANCE ITS ADVOCACY EFFORTS TO:
1) ADVOCATE FOR A FINAL PUSH TO PASS OUR ENHANCED REPUBLICAN PARTIAL
SYRINGE DECRIMINALIZATION BILL, WHICH WILL INCORPORATE AN AMENDMENT TO
NC'S PARTIAL SYRINGE DECRIMINALIZATION LAW TO

NAME OF ORGANIZATION OR GOVERNMENT: OAKLAND COMMUNITY ORGANIZATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP ITS CONGREGATIONS CONTINUE
TO DEMAND ACCOUNTABILITY FROM PUBLIC OFFICIALS TO IMPLEMENT THE REFORMS
OF AB109 AND PROP. 47, AND BUILD THE BASE OF OUR FAITH LEADERS AND
CONGREGATIONS TO BE BETTER INFORMED

NAME OF ORGANIZATION OR GOVERNMENT: ONE VOICE MISSISSIPPI

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE THE MOMENTUM TO ADDRESS
OVER INCARCERATION IN MISSISSIPPI AND TO ESTABLISH A COMPASSIONATE,
HEALTH CARE CENTERED APPROACH TO DRUG USE.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PARTNERSHIP FOR SAFETY & JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE ALTERNATIVES TO INCARCERATION WITHIN OREGON'S JUSTICE REINVESTMENT FRAMEWORK, INCLUDING (1) A FAMILY SENTENCING ALTERNATIVE, AND (2) AN OREGON IMPLEMENTATION OF SEATTLE'S LAW ENFORCEMENT ASSISTED DIVERSION (LEAD) MODEL.

NAME OF ORGANIZATION OR GOVERNMENT: PROTECT FAMILIES FIRST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE OUR MISSION OF BUILDING A MOVEMENT OF YOUTH AND FAMILY VOICES AGAINST THE WAR ON DRUGS IN RHODE ISLAND.

NAME OF ORGANIZATION OR GOVERNMENT: PUBLIC DEFENDER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST IN ITS CAPACITY TO BUILD A PEER-EDUCATION MODEL GRASSROOTS ORGANIZING PROJECT FOCUSED ON CHANGING POLICY RELEVANT TO THE LIVED EXPERIENCE OF MARGINALIZED COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: REVOLVE IMPACT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A FOUR-MINUTE MOLLY CRABAPPLE VIDEO NARRATED BY SHAWN "JAY-Z" CARTER ABOUT RACIAL JUSTICE AND THE MULTI-MILLION DOLLAR ABOVE GROUND MARIJUANA INDUSTRY.

NAME OF ORGANIZATION OR GOVERNMENT: SAC CULTURAL HUB MEDIA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 2016 BLACK PHYSICIANS FORUM ON MARCH 11, 2016. THE FORUM WILL ENGAGE OVER 200 PHYSICIANS, NURSES AND ALLIED HEALTH PROFESSIONALS IN DISCUSSING THE HEALTH AND SOCIAL JUSTICE IMPACTS ON THE AFRICAN-AMERICAN COMMUNITY RELATED TO THE POTENTIAL LEGALIZATION OF MARIJUANA IN CALIFORNIA IN 2016.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SAMUEL DEWITT PROCTOR CONFERENCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO STRENGTHEN ITS FULL TIME STAFF CAPACITY, SUSTAINABILITY AND INTEGRATED EFFORTS TO ENGAGE EVEN MORE DEEPLY IN IMPLEMENTING OUR CORE MISSION AND THE CURRENT PROGRAM WORK WE ARE DOING AROUND MASS INCARCERATION

NAME OF ORGANIZATION OR GOVERNMENT:

SAN FRANCISCO DRUG USERS' UNION (F.S. HARM REDUCTION THERAPY CENTER)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CREATE A SOCIETY IN WHICH DRUG USERS HAVE THE SAME RIGHTS THAT GRANTED TO ALL. IN GENERAL TERMS THIS MEANS ADULT CONSUMERS IN MODERN CAPITALISM CAN CHOOSE A WIDE VARIETY OF LIFE CHOICES WITH MODEST, MOSTLY REGULATORY

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN COALITION FOR SOCIAL JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE GROUNDWORK FOR REPLICATING AND EXPANDING DRUG POLICY REFORM WORK ON THE LOCAL, STATE AND NATIONAL LEVELS.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN TIER AIDS PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE MUCH NEEDED EDUCATION FOR HUMAN SERVICE PROVIDERS, LAW ENFORCEMENT OFFICIALS, MEMBERS OF THE JUDICIARY, MEDICAL PROVIDERS, AND OTHER MEMBERS OF THE COMMUNITY. THE NEGATIVE CLIMATE IN THE UPSTATE REGION OF RURAL NEW YORK

NAME OF ORGANIZATION OR GOVERNMENT: STREETWISE AND SAFE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IN THE AMOUNT OF \$15,000 TO ENABLE US TO ENGAGE LESBIAN, GAY, BISEXUAL, TRANS, QUEER AND GENDER NON-CONFORMING YOUTH OF COLOR IN LOCAL AND STATEWIDE MARIJUANA POLICY

Part IV Supplemental Information

ADVOCACY EFFORTS.

NAME OF ORGANIZATION OR GOVERNMENT: SUNCOAST HARM REDUCTION PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND TRAVEL, COMMUNITY OUTREACH FORUMS AND EDUCATIONAL MATERIALS AS NEEDED TO STRATEGICALLY PLAN FOR AND SUPPORT FLORIDA'S HOUSE BILL 81, "THE IDEA ACT" - A SYRINGE EXCHANGE PILOT PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS CRIMINAL JUSTICE COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REDUCE TEXAS' HISTORICAL "INCARCERATION-FIRST" RESPONSE TO DRUG CRIMES AND OTHER CRIMINALIZED BEHAVIOR, SPECIFICALLY THROUGH EDUCATIONAL CONVENINGS THAT WILL PREPARE KEY STAKEHOLDERS FOR LEGISLATIVE AND BUDGET ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT: THE ORDINARY PEOPLE SOCIETY (TOPS)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT T.O.P.S.' EFFORTS TO CHANGE THE DRACONIAN CLIMATE IN ALABAMA, FLORIDA, AND GEORGIA BY REDUCING THE SCOPE AND IMPACT OF SOUTHERN STATES' DRUG POLICIES WHILE ALSO BUILDING A STRONG BASE OF FIP LEADERS

NAME OF ORGANIZATION OR GOVERNMENT:

VICTIM OFFENDER RECONCILIATION PROGRAM (VORP) OF DENVER

(H) PURPOSE OF GRANT OR ASSISTANCE: 1) TO SUPPORT A TWO-DAY BACK TO SCHOOL YOUTH SUMMIT CONSISTING OF A SERIES OF GUEST SPEAKERS AND WORKSHOPS TO EDUCATE YOUTH ON THE INTERSECTIONS OF THE DRUG WAR, GANGS, COMMUNITY VIOLENCE AND MASS INCARCERATION CONNECTED TO OVERZEALOUS DRUG POLICIES IN THE UNITED STATES. 2) TO SUPPORT SUMMER PROGRAM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

VOCAL (F.S. NYC AIDS HOUSING NETWORK -NYCAHN)

(H) PURPOSE OF GRANT OR ASSISTANCE: 1) TO SUPPORT FOR THEIR COMMUNITY ORGANIZING, LEADERSHIP DEVELOPMENT, COALITION BUILDING AND GRASSROOTS ADVOCACY TO ADVANCE DRUG POLICY REFORM GOALS THAT ARE CLOSELY ALIGNED WITH DPA'S. 2) TO SUPPORT COMMUNITY EDUCATION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN WITH A VISION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AS IT TURNS ITS LENS TOWARD PRODUCING A LARGE-SCALE COMMUNITY EDUCATION AND ENGAGEMENT EFFORT RELATED TO THE 2016 UNGASS HIGHLIGHTING THE SPECIFIC IMPACT OF THE DRUG WAR ON AFRICAN AMERICANS, LGBTQ, SEX WORKING

NAME OF ORGANIZATION OR GOVERNMENT: YOUNG WOMEN UNITED

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT YWU IN COMMITTING TO CENTER THE VOICES AND EXPERTISE OF THE WOMEN MOST IMPACTED BY THE DRUG WAR THROUGH ORGANIZING, POLICY, AND RESEARCH EFFORTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ETHAN NADELMANN EXECUTIVE DIRECTOR	(i)	286,607.	0.	7,574.	29,200.	10,066.	333,447.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RYAN CHAVEZ DIR. OF FINANCE AND ADMIN.	(i)	132,203.	0.	18,414.	14,966.	7,154.	172,737.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEPHEN GUTWILLIG DEPUTY EXECUTIVE DIR. OF P	(i)	160,144.	0.	414.	16,389.	12,292.	189,239.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHARDA SEKARAN MANAGING DIRECTOR - COMMUN	(i)	128,965.	0.	162.	13,214.	8,454.	150,795.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BILL PIPER SR. DIRECTOR - NATIONAL AFFAIRS	(i)	127,158.	0.	180.	13,147.	9,904.	150,389.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	67,599. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART 1,
COLUMN (B) OF SCHEDULE M.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STATES. DRUG POLICY ALLIANCE'S ADVOCACY GRANTS PROGRAM ALSO PROVIDED APPROXIMATELY \$1,100,000 MILLION TO PARTNER ORGANIZATIONS AT THE NATIONAL AND LOCAL LEVELS IN SUPPORT OF THEIR EFFORTS TO REFORM DRUG POLICY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE FEARS, PREJUDICES, AND PUNITIVE PROHIBITIONS OF TODAY ARE NO MORE. OUR MISSION IS TO ADVANCE THOSE POLICIES AND ATTITUDES THAT BEST REDUCE THE HARMS OF BOTH DRUG USE AND DRUG PROHIBITION, AND TO PROMOTE THE SOVEREIGNTY OF INDIVIDUALS OVER THEIR MINDS AND BODIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

REFORMING THE CRIMINAL JUSTICE SYSTEM, EMPOWERING PUBLIC HEALTH APPROACHES, REFORMING CANNABIS POLICY, AND PROMOTING EFFECTIVE DRUG EDUCATION FOR YOUTH.

THE DRUG POLICY ALLIANCE SUPPORTS INCREMENTAL POLICY AND LEGAL REFORMS AT THE LOCAL, STATE, AND FEDERAL LEVELS THAT CAN BE ACCOMPLISHED OVER THE NEXT FEW YEARS, WITH THE GOAL THAT EACH REFORM 1) CREATES REAL AND MEASURABLE BENEFITS FOR PEOPLE WHO HAVE BEEN OR WOULD BE UNJUSTLY VICTIMIZED BY THE WAR ON DRUGS, THEREBY REDUCING THE DEATH, DISEASE, CRIME, AND SUFFERING ASSOCIATED WITH BOTH DRUG USE AND DRUG PROHIBITION; 2) BUILDS POLITICAL CONSCIOUSNESS AMONG OTHER ORGANIZATIONS AND THE PUBLIC REGARDING THE NEED TO REFORM DRUG POLICIES; AND 3) ADVANCES OUR LONG-TERM VISION OF A SOCIETY IN WHICH

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

CRIMINALIZATION AND CRIMINAL JUSTICE INSTITUTIONS PLAY A MINIMAL ROLE IN DEALING WITH DRUGS, DRUG USERS, AND DRUG MARKETS. THE DRUG POLICY ALLIANCE IS CURRENTLY MOST ACTIVE AT THE FEDERAL LEVEL AND IN CALIFORNIA, COLORADO, NEW JERSEY, NEW MEXICO, NEW YORK, AND WASHINGTON, D.C.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
 LINDESMITH LIBRARY, HOUSED IN OUR NEW YORK OFFICE AND OPEN TO THE PUBLIC, IS AMONG THE WORLD'S LEADING REPOSITORIES OF PRINT AND OTHER MEDIA MATERIALS ABOUT DRUGS AND DRUG POLICY, AND HAS EMERGED AS THE DE FACTO ARCHIVES OF THE HARM REDUCTION AND DRUG POLICY REFORM MOVEMENTS. WHILE OUR PRIORITY IN OUR PUBLIC EDUCATION WORK IS TO BUILD SUPPORT FOR SHORT-TERM STATE CAMPAIGNS, WE ALSO SEEK TO ENGAGE IN LONGER-TERM CAMPAIGNS TO EDUCATE PEOPLE MORE BROADLY ABOUT OUR MISSION AND VISION. WE USE MARKETING TO PROMOTE DPA'S "BRAND" AS THE LEADING ORGANIZATION ADVANCING ALTERNATIVES TO THE WAR ON DRUGS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
 IMPROVE THE COORDINATION AMONG ORGANIZATIONS AND WITH THE DRUG POLICY ALLIANCE'S PROGRAMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
 OTHER PROGRAM SERVICES INCLUDE- CONFERENCES, HEALTH AND HARM REDUCTION, TREATMENT AND PREVENTION, AND SPECIAL PROJECTS.
 EXPENSES \$ 4,134,451. INCLUDING GRANTS OF \$ 0. REVENUE \$ 190,682.

FORM 990, PART VI, SECTION B, LINE 11:
 DPA ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE OUR FORM 990. ONCE THE

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

FORM IS PREPARED, IT IS FORWARDED TO MANAGEMENT FOR THEIR INITIAL REVIEW FOR COMPLIANCE WITH THE FINANCIAL STATEMENTS AND TO THE EXECUTIVE DIRECTOR FOR HIS REVIEW. ONCE ANY QUESTIONS OR CONCERNS ARE ADDRESSED, MANAGEMENT THEN FORWARDS THE RETURN TO THE FULL BOARD BY EMAIL OR PAPER COPY FOR THEIR REVIEW. ANY QUESTIONS FROM BOARD MEMBERS ARE DIRECTED BY THE BOARD PRESIDENT TO STAFF OR TO THE ACCOUNTING FIRM, AS APPROPRIATE. ONCE ALL QUESTIONS FROM THE BOARD ARE SATISFACTORILY RESOLVED, THE FINANCE STAFF THEN CARRIES OUT A FINAL REVIEW, PAGE BY PAGE, TO VERIFY ALL CHANGES HAVE BEEN INCORPORATED. THE FINISHED FORM 990 IS THEN SUBMITTED BY MANAGEMENT TO THE EXECUTIVE DIRECTOR FOR HIS APPROVAL, AND THE FINALIZED FORM 990 IS THEN FILED WITH THE IRS.

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

DPA REQUIRES EACH BOARD MEMBER, OFFICER, AND KEY EMPLOYEE ANNUALLY (1) TO REVIEW THE CONFLICT OF INTEREST POLICY; (2) TO DISCLOSE ANY POSSIBLE PERSONAL CONFLICT OF INTEREST. THE CONFLICT OF INTEREST DOCUMENT IS FORWARDED TO THE BOARD MEMBER, OFFICER, AND KEY EMPLOYEE FOR THEIR REVIEW AND SIGNATURE. IF IT IS ESTABLISHED THAT AN ACTUAL CONFLICT EXISTS, THE INDIVIDUAL WILL BE NOTIFIED IMMEDIATELY AND WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY DISCUSSIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT UNTIL THE CONFLICT IS RESOLVED. THE BOARD MEMBER WILL HAVE TO EXCUSE HIMSELF FROM THE MEETING AND ALLOW THE OTHER BOARD MEMBERS TO VOTE ON THE ISSUE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF DRUG POLICY ALLIANCE (DPA) DETERMINE ANNUALLY THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE DPA COMMITTEE UTILIZE SURVEYS OF SIMILAR ORGANIZATIONS, COMPENSATION

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

EXPERTS AND /OR ANY OTHER INPUT THE COMMITTEE DEEMS APPROPRIATE. THE COMPENSATION DECISION IS THEN E-MAILED TO HR FOR PAYROLL UPDATES AND RECORD KEEPING.

THE ADOPTED COMPENSATION POLICY SHALL BE REVIEWED AND APPROVED BY THE BOARD, OR AT ITS DISCRETION BY AN APPROPRIATE COMMITTEE, NO LESS THAN ONCE EVERY THREE YEARS. THIS PROCESS WAS LAST COMPLETED FISCAL YEAR 2016.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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

DRUG POLICY ALLIANCE MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY POSTING IT ON THEIR WEBSITE AS WELL AS GUIDESTAR.ORG AND OTHER SIMILAR WEBSITES. THE 990 IS ALSO MADE AVAILABLE TO THE PUBLIC UPON REQUEST BY WRITING OR CALLING THE ORGANIZATION DIRECTLY. THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST BY WRITING OR CALLING THE ORGANIZATION DIRECTLY. HOWEVER, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GRANT REFUNDS

419.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DOES HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE ORGANIZATIONS OVERSIGHT PROCESS HAS NOT CHANGED DURING THE TAX YEAR.

Multiple horizontal lines for text entry.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DRUG POLICY ACTION - 52-1951197 131 WEST 33RD STREET, 15TH FLOOR NEW YORK, NY 10001	PROMOTING SOCIAL WELFARE AND TO ADVOCATE FOR DRUG POLICY REFORM	DISTRICT OF COLUMBIA	501(C)(4)		DRUG POLICY ALLIANCE	X	

Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information 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
(1) DRUG POLICY ACTION	E	4,000,000	COST
(2) DRUG POLICY ACTION	Q	122,022	COST
(3) DRUG POLICY ACTION	R	118,333	COST
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Lined area for supplemental information.