

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2010 calendar year, or tax year beginning **JUN 1, 2010** and ending **MAY 31, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>DRUG POLICY ALLIANCE</b>		<b>D</b> Employer identification number <b>52-1516692</b>
	Doing Business As		<b>E</b> Telephone number <b>(212) 613-8041</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>70 WEST 36TH STREET, 16TH FLOOR</b>	<b>G</b> Gross receipts \$ <b>9,764,273.</b>	
	City or town, state or country, and ZIP + 4 <b>NEW YORK, NY 10018</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>ETHAN NADELMANN</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.DRUGPOLICY.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1987</b>
			<b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>DRUG POLICY ALLIANCE SUPPORTED DRUG POLICY AND LEGAL REFORMS AT THE NATIONAL LEVEL AND IN ALABAMA,</b>		
	<b>2</b> Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>58</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>15</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 8,402,823.	<b>Current Year</b> 9,033,672.
	<b>9</b> Program service revenue (Part VIII, line 2g)	417,105.	188,931.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,467.	12,255.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,365.	471,612.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,875,760.	9,706,470.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,185,897.	1,043,802.
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,912,762.	4,194,445.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	98,500.	161,356.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,146,842.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,106,086.	3,616,380.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,303,245.	9,015,983.
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	572,515.	690,487.
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
		7,237,430.	8,505,137.
		<b>21</b> Total liabilities (Part X, line 26)	356,132.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	6,881,298.	7,571,785.	

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>ETHAN NADELMANN, EXECUTIVE DIRECTOR</b>	<b>12/1/11</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>THOMAS E. BLANEY</b>	Preparer's signature <i>Thomas E. Blaney</i>	Date <b>11/28/11</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00237022</b>
	Firm's name ▶ <b>O'CONNOR DAVIES MUNNS &amp; DOBBINS, LLP</b>	Firm's EIN ▶ <b>13-3785019</b>	Firm's address ▶ <b>60 EAST 42ND STREET, 36TH FL. NEW YORK, NY 10165-3698</b>		
			Phone no.	<b>(212) 286-2600</b>	

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

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see Instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization <b>DRUG POLICY ALLIANCE</b>	Employer identification number <b>52-1516692</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>70 WEST 36TH STREET, 16TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10018</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**RYAN CHAVEZ**

• The books are in the care of ▶ **70 WEST 36TH STREET, 16TH FLOOR - NEW YORK, NY 10018**  
 Telephone No. ▶ **(212) 613-8041** FAX No. ▶ **(212) 613-8021**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **JANUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUN 1, 2010**, and ending **MAY 31, 2011**

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See Instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question 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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,339,413. including grants of \$ ) (Revenue \$ ) 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 WHOLESAL CHANGE OF DRUG POLICY- AN END TO THE WAR ON DRUGS- BASED ON OUR ORGANIZATIONAL VALUES OF REASON, COMPASSION, JUSTICE, FREEDOM, AND RESPONSIBILITY. MOST GENERALLY, OUR GOAL IS TO SHIFT THE U.S. RESPONSE TO DRUGS FROM A PUNITIVE CRIMINAL JUSTICE MODEL TO ONE BASED ON PUBLIC HEALTH AND HUMAN RIGHTS. WHILE OUR WORK ADDRESSES THE WIDE RANGE OF SOCIAL, POLITICAL, AND ECONOMIC ISSUES TOUCHED BY THE WAR ON DRUGS, NEARLY ALL OF OUR EFFORTS FALL UNDER FOUR SUBSTANTIVE ISSUE AREAS: REFORMING THE CRIMINAL JUSTICE SYSTEM, EMPOWERING PUBLIC HEALTH APPROACHES, REFORMING CANNABIS POLICY, AND

4b (Code: ) (Expenses \$ 1,079,830. including grants of \$ 1,043,802. ) (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 AWARD APPROXIMATELY \$1,180,000 MILLION ONCE A YEAR. THE SECOND, TOTALING APPROXIMATELY \$200,000, IS RAPID RESPONSE/SPECIAL OPPORTUNITIES, THROUGH WHICH WE AWARD SMALLER GRANTS TO TIME-SENSITIVE PROJECTS ON AN ONGOING BASIS. THE THIRD IS A DISCRETIONARY FUND OF APPROXIMATELY \$20,000, THROUGH WHICH WE AWARD SMALL GRANTS OF UP TO \$2,500. WE ALSO ALLOCATE FUNDS TO BRING TOGETHER GRANTEEES ANNUALLY TO IMPROVE THE COORDINATION AMONG ORGANIZATIONS AND WITH THE DRUG POLICY ALLIANCE'S PROGRAMS.

4c (Code: ) (Expenses \$ 1,477,933. including grants of \$ ) (Revenue \$ 13,991. ) COMMUNICATIONS- THE DRUG POLICY ALLIANCE INITIATES AND SHAPES LOCAL, NATIONAL, AND INTERNATIONAL DIALOGUE ON DRUG POLICY REFORM, EXPOSING THE PUBLIC TO OUR MESSAGES AND GENERATING EARNED MEDIA EACH YEAR EQUIVALENT IN IMPACT TO WHAT WOULD COST MILLIONS OF DOLLARS IN PAID ADVERTISING. OUR PUBLIC RELATIONS EFFORTS SUPPORT OUR LOCAL AND NATIONAL PROGRAMS AND PROJECTS, HELP SMALLER ORGANIZATIONS PROMOTE THEIR OWN CAMPAIGNS, AND TAKE ADVANTAGE OF BREAKING NEWS TO PROVOKE DEBATE FRAMED BY OUR MISSION AND VISION. WE PUBLISH BOOKLETS AND OTHER MATERIALS ON CUTTING EDGE DRUG POLICY ISSUES, AND COLLABORATE WITH ALLIED ORGANIZATIONS IN PRODUCING ASSESSMENTS OF STATE AND FEDERAL DRUG AND CRIME POLICIES. THE LINDESMITH LIBRARY, HOUSED IN OUR NEW YORK OFFICE AND OPEN TO THE PUBLIC, IS AMONG THE WORLD'S LEADING

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,355,369. including grants of \$ ) (Revenue \$ 174,940. )

4e Total program service expenses 6,252,545.

**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 Schedule B, Schedule of Contributors? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	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> .....		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, 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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
b <i>If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)</i> .....		

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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 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 to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

**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 to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a			
1b	Enter the number of voting members included in line 1a, above, who are independent		
1b			
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	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	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.)

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, ID**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **RYAN CHAVEZ - (212) 613-8041**  
**70 WEST 36TH STREET, 16TH FLOOR, NEW YORK, NY 10018**



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

Check if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
IRA GLASSER PRESIDENT	1.00	X		X				0.	0.	0.
REV. EDWIN SANDERS SECRETARY	1.00	X		X				0.	0.	0.
RICHARD B. WOLF TREASURER	1.00	X		X				0.	0.	0.
ETHAN NADELMANN EXECUTIVE DIRECTOR	40.00	X		X			228,247.	0.	26,054.	
DAVID C. LEWIS, MD DIRECTOR	1.00	X						0.	0.	0.
CARL HART, PHD DIRECTOR	1.00	X						0.	0.	0.
JODIE EVANS DIRECTOR	1.00	X						0.	0.	0.
JAMES E. FERGUSON, II DIRECTOR	1.00	X						0.	0.	0.
KENNETH HERTZ DIRECTOR	1.00	X						0.	0.	0.
MATHILDE KRIM, PHD DIRECTOR	1.00	X						0.	0.	0.
PAMELA LICHTY DIRECTOR	1.00	X						0.	0.	0.
ROBERT NEWMAN, MD DIRECTOR	1.00	X						0.	0.	0.
GEORGE SOROS DIRECTOR	1.00	X						0.	0.	0.
DR. CHRISTINE DOWNTON DIRECTOR	1.00	X						0.	0.	0.
JASON FLOM DIRECTOR	1.00	X						0.	0.	0.
JOHN VASCONCELLOS DIRECTOR	1.00	X						0.	0.	0.
RYAN CHAVEZ DIR. OF FINANCE AND ADMIN.	40.00			X			115,168.	0.	17,547.	



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
DEREK HODEL DEPUTY EXECUTIVE DIRECTOR	40.00			X				154,807.	0.	21,592.
DEDE DUNEVANT MANAGING DIR-COMMUNICATION	40.00				X			129,922.	0.	23,807.
JILL HARRIS MANAGING DIRECTOR - PUBLIC POLICY	40.00				X			124,334.	0.	12,667.
STEPHEN GUTWILLIG STATE DIR. OF CALIFORNIA	40.00				X			101,631.	0.	15,789.
<b>1b Sub-total</b> .....								854,109.	0.	117,456.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								854,109.	0.	117,456.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

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

(A) Name and business address	(B) Description of services	(C) Compensation
A.B. DATA 600 A.B. DATA DRIVE, MILWAUKEE, WI 53217	PROFESSIONAL FUNDRAISER	465,870.
BEVERIDGE SEAY, INC., 2000 "P" STREET, NW, SUITE 700, WASHINGTON, DC 20036	CONSULTANT	186,421.

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

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	767,402.				
	c	Fundraising events	1c	6,000.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8260270.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	<b>Total. Add lines 1a-1f</b>			9033672.			
	Program Service Revenue	2 a	DRUG POLICY ACTION ADM	Business Code 900099	123,515.	123,515.		
b		CONFERENCES	900099	51,425.	51,425.			
c		PUBL, BOOKS AND VIDEOS	900099	13,991.	13,991.			
d								
e								
f		All other program service revenue						
g		<b>Total. Add lines 2a-2f</b>			188,931.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		12,255.			12,255.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a		(i) Real	(ii) Personal				
			4,740.					
			Less: rental expenses					
	c	Rental income or (loss)		4,740.				
	d	Net rental income or (loss)		4,740.			4,740.	
	7 a		(i) Securities	(ii) Other				
			Gross amount from sales of assets other than inventory					
			Less: cost or other basis and sales expenses					
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8 a		Gross income from fundraising events (not including \$ 6,000. of contributions reported on line 1c). See Part IV, line 18		43,558.			
		b	Less: direct expenses		57,803.			
c	Net income or (loss) from fundraising events		<14,245.>			<14,245.>		
9 a		Gross income from gaming activities. See Part IV, line 19						
	b	Less: direct expenses						
	c	Net income or (loss) from gaming activities						
10 a		Gross sales of inventory, less returns and allowances						
	b	Less: cost of goods sold						
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code				
11 a	REIMBURSED FEES		900099	269,769.			269,769.	
b	PROP. 19 CAMPAIGN		900099	172,525.			172,525.	
c	REFUND OF GRANT PREVIO		900099	35,000.			35,000.	
d	All other revenue		900099	3,823.			3,823.	
e	<b>Total. Add lines 11a-11d</b>			481,117.				
12	<b>Total revenue. See instructions.</b>			9706470.	188,931.	0.	483,867.	

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	1,043,802.	1,043,802.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	578,652.	388,551.	142,244.	47,857.
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 .....	2,848,628.	1,907,998.	703,520.	237,110.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	210,778.	141,180.	56,510.	13,088.
9 Other employee benefits .....	292,234.	209,349.	62,859.	20,026.
10 Payroll taxes .....	264,153.	176,491.	65,078.	22,584.
11 Fees for services (non-employees):				
a Management .....	20,344.	2,950.	17,394.	
b Legal .....	10,515.	51.	10,464.	
c Accounting .....	33,165.		33,165.	
d Lobbying .....	243,457.	243,457.		
e Professional fundraising services. See Part IV, line 17 .....	161,356.			161,356.
f Investment management fees .....				
g Other .....	996,697.	848,612.	100,082.	48,003.
12 Advertising and promotion .....	68,394.	68,119.	275.	
13 Office expenses .....	943,514.	363,709.	98,252.	481,553.
14 Information technology .....	146,054.	113,300.	21,836.	10,918.
15 Royalties .....				
16 Occupancy .....	560,001.	394,621.	109,383.	55,997.
17 Travel .....	326,086.	202,073.	110,372.	13,641.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	139,159.	81,496.	30,781.	26,882.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	32,429.	23,493.	6,807.	2,129.
23 Insurance .....	44,052.	4,669.	39,383.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>BOOKS, MEMBERSHIPS &amp; SUB</b> .....	46,171.	38,624.	1,849.	5,698.
b <b>BOARD EXPENSES</b> .....	6,342.		6,342.	
c .....				
d .....				
e .....				
f All other expenses .....				
<b>25 Total functional expenses. Add lines 1 through 24f</b> .....	<b>9,015,983.</b>	<b>6,252,545.</b>	<b>1,616,596.</b>	<b>1,146,842.</b>
<b>26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation</b> .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....	213,748.	1	859,645.
	2	Savings and temporary cash investments .....	4,682,242.	2	5,276,481.
	3	Pledges and grants receivable, net .....	2,012,180.	3	2,003,998.
	4	Accounts receivable, net .....	29,021.	4	37,895.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	105,515.	9	125,603.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 1,019,792.		
	b	Less: accumulated depreciation .....	10b 899,541.	10c 110,144.	120,251.
	11	Investments - publicly traded securities .....		11	
	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 .....	84,580.	15	81,264.
16	<b>Total assets. Add lines 1 through 15 (must equal line 34) .....</b>	<b>7,237,430.</b>	<b>16</b>	<b>8,505,137.</b>	
Liabilities	17	Accounts payable and accrued expenses .....	356,132.	17	933,352.
	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	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 .....		23	
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....		25	
	26	<b>Total liabilities. Add lines 17 through 25 .....</b>	<b>356,132.</b>	<b>26</b>	<b>933,352.</b>
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets .....	4,097,826.	27	4,578,392.
	28	Temporarily restricted net assets .....	2,783,472.	28	2,993,393.
	29	Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117, 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	<b>Total net assets or fund balances .....</b>	<b>6,881,298.</b>	<b>33</b>	<b>7,571,785.</b>	
34	<b>Total liabilities and net assets/fund balances .....</b>	<b>7,237,430.</b>	<b>34</b>	<b>8,505,137.</b>	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,706,470.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,015,983.
3	Revenue less expenses. Subtract line 2 from line 1	3	690,487.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,881,298.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,571,785.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

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

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

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

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

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

  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
  - (ii) A family member of a person described in (i) above? .....
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2010

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8,815,020.	12,253,557.	9,689,876.	8,402,823.	9,039,672.	48,200,948.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....	8,815,020.	12,253,557.	9,689,876.	8,402,823.	9,039,672.	48,200,948.
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) .....						24,023,123.
6 Public support. Subtract line 5 from line 4.						24,177,825.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	8,815,020.	12,253,557.	9,689,876.	8,402,823.	9,039,672.	48,200,948.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	37,289.	74,170.	57,310.	29,654.	16,995.	215,418.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	4,731.	2,102.	22,837.	5,292.	446,117.	481,079.
11 Total support. Add lines 7 through 10 .....						48,897,445.
12 Gross receipts from related activities, etc. (see instructions) .....				12		1,713,812.
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 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	49.45	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	51.98	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

DURING 2011 DPA RECEIVED TWO NON-RECURRING ITEMS THAT WERE EXTRAORDINARY TO ITS OPERATIONS. THESE INCLUDED THE REIMBURSEMENT OF LEGAL FEES ASSOCIATED WITH A CASE IN CALIFORNIA THAT AMOUNTED TO \$263,338 AND THE REIMBURSEMENT OF SERVICES AND OVERHEAD COSTS PROVIDED ASSOCIATED WITH THE CALIFORNIA BALLOT INITIATIVE, PROPOSITION 19 THAT AMOUNTED TO \$172,525.

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **See separate instructions.**

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

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

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

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

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

**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.  
 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												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	7,485.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	266,504.													
c	Total lobbying expenditures (add lines 1a and 1b)	273,989.													
d	Other exempt purpose expenditures	7,560,152.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	7,834,141.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	541,707.													
<table border="1"> <thead> <tr> <th>If the amount on line 1a, 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 1a, 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 1a, 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)	135,427.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying nontaxable amount	576,073.	545,445.	508,157.	541,707.	2,171,382.
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,257,073.
c	Total lobbying expenditures	584,040.	544,518.	419,304.	273,989.	1,821,851.
d	Grassroots nontaxable amount	144,018.	136,361.	127,039.	135,427.	542,845.
e	Grassroots ceiling amount (150% of line 2d, column (e))					814,268.
f	Grassroots lobbying expenditures	59,137.	18,478.	14,551.	7,485.	99,651.

**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)).

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2</b>	
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <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" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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?  Yes  No

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

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

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

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

**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 XIV.

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

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

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

b If "Yes," explain the arrangement in Part XIV 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?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 year end balance held as:

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		201,725.	201,725.	0.
d Equipment		768,157.	697,816.	70,341.
e Other		49,910.		49,910.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				120,251.



Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Amount. Row 1 includes Federal income taxes, followed by rows 2 through 11.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)
FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,706,470.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,015,983.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	690,487.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	690,487.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	9,729,273.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	57,803.
e	Add lines 2a through 2d	2e	57,803.
3	Subtract line 2e from line 1	3	9,671,470.
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 XIV.)	4b	35,000.
c	Add lines 4a and 4b	4c	35,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,706,470.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	9,038,786.
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 XIV.)	2d	57,803.
e	Add lines 2a through 2d	2e	57,803.
3	Subtract line 2e from line 1	3	8,980,983.
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 XIV.)	4b	35,000.
c	Add lines 4a and 4b	4c	35,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,015,983.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: DRUG POLICY ALLIANCE RECOGNIZES THE EFFECT OF INCOME**

TAX POSITIONS ONLY IF THOSE PORTIONS 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 2007.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIV** Supplemental Information *(continued)*

SPECIAL EVENT DIRECT EXPENSES - \$57,803

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REFUND OF PREVIOUSLY ISSUED GRANT - \$35,000

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES - \$57,803

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

REFUND OF PREVIOUSLY ISSUED GRANT - \$35,000

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open To Public  
Inspection

Name of the organization

**DRUG POLICY ALLIANCE**

Employer identification number

**52-1516692**

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

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

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 MAIL SOLICITATIONS		X	877,281.	120,179.	877,281.
MILO AND MCLEAN - 4345 1/2 VICTORIA PARK DRIVE, LOS BEVERIDGE SEAY - 2000 "P" STREET, NW, SUITE 700,	FUNDRAISING CONSULTANCY DEVELOPED NEWSLETTER FOR MEMBERS		X	49,558.	25,138.	49,558.
SOAPBOX COLLECTIVE - 617 W. CLIVEDAN STREET,	FUNDRAISING EVENT - DEVELOPED CATALOG		X	0.	11,268.	<11,268.>
RICARDO CORTES - 186 ST. MARKS AVENUE NO. 4, BROOKLYN,	DEVELOPED CALENDER FOR MEMBERS		X	0.	2,838.	<2,838.>
LIVET REICHARD CO. - 306 W 38TH ST., 7TH FLOOR, NEW	FUNDRAISING EVENT - CONSULTANT		X	0.	1,750.	<1,750.>
					183.	<183.>
<b>Total</b>				<b>926,839.</b>	<b>161,356.</b>	<b>910,800.</b>

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ART AUCTION (event type)	(event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	49,558.		49,558.
	2	Less: Charitable contributions	6,000.		6,000.
	3	Gross income (line 1 minus line 2)	43,558.		43,558.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	57,803.		57,803.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 57,803 )
	11	Net income summary. Combine line 3, column (d), and line 10			<14,245.>

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	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. Combine line 1, column d, and line 7				

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

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

**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: MILO AND MCLEAN

(I) ADDRESS OF FUNDRAISER:

4345 1/2 VICTORIA PARK DRIVE, LOS ANGELES, CA 90019

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: BEVERIDGE SEAY

(I) ADDRESS OF FUNDRAISER:

2000 "P" STREET, NW, SUITE 700, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: SOAPBOX COLLECTIVE

(I) ADDRESS OF FUNDRAISER: 617 W. CLIVEDAN STREET, PHILADELPHIA, PA 19119

(I) NAME OF FUNDRAISER: RICARDO CORTES

(I) ADDRESS OF FUNDRAISER:

186 ST. MARKS AVENUE NO. 4, BROOKLYN, , NY 11238

(I) NAME OF FUNDRAISER: LIVET REICHARD CO.

(I) ADDRESS OF FUNDRAISER: 306 W 38TH ST., 7TH FLOOR, NEW YORK, NY 10018

SCHEDULE G, PART I, LINE 2B, COLUMN (V): MILO AND MCLEAN WAS RETAINED BY DRUG POLICY ALLIANCE ("DPA") TO PROVIDE CONSULTING SERVICES FOR DPA'S 2011 ART AUCTION.

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.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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
CALIFORNIA SOCIETY OF ADDICTION MEDICINE - 575 MARKET STREET #2125 - SAN FRANCISCO, CA 94105	23-7364605	501(C)3	10,350.	0.	N/A	N/A	TO SUPPORT THE NEW DIRECTIONS CONFERENCE
CALIFORNIA OPIOID MAINTENANCE PROVIDERS - 1124 INTERNATIONAL BLVD - OAKLAND, CA 94606	33-0530089	501(C)3	7,000.	0.	N/A	N/A	TO HELP UNDERWRITE THE ORGANIZATION'S MEDIA CAMPAIGN.
CANADIAN STUDENTS FOR SENSIBLE DRUG POLICY - 1311 THAMES STREET - OTTAWA, OR K1Z 7N2	84-7950698	501(C)3	2,500.	0.	N/A	N/A	TO SUPPORT CSSDP'S FOURTH ANNUAL STUDENT AND YOUTH RUN NATIONAL CONFERENCE: DARING TO BE SENSIBLE
NATIONAL BLACK POLICE ASSOCIATION 30 KENNEDY STREET, NW, SUITE 101 WASHINGTON DC, NY 20011	23-2388186	501(C)3	2,500.	0.	N/A	N/A	IN SUPPORT OF YOUR NATIONAL EDUCATION AND TRAINING CONFERENCE IN SACRAMENT.
A NEW PATH 2527 DOUBLETREE RD. SPRING VALLEY, CA 91978	33-0883927	501(C)3	9,400.	0.	N/A	N/A	TO SUPPORT THE MOMS UNITED TO END WAR ON DRUGS CAMPAIGN.
PREVENTION POINT PITTSBURGH 907 WEST STREET, 5TH FLOOR PITTSBURGH, PA 15221	25-1852314	501(C)3	1,125.	0.	N/A	N/A	TO SUPPORT THEIR ATTENDANCE AND PRESENTATION AT THE AMERICAN PUBLIC HEALTH

2 Enter total number of section 501(c)(3) and government organizations **54.**

3 Enter total number of other organizations **54.**

DRUG POLICY ALLIANCE

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
INSTITUTE OF THE BLACK WORLD 31-35 95TH STREET EAST ELMHURST, NY 11369	30-0166895	501(C)3	2,500.	0. N/A		N/A	TO SUPPORT THE TOWN HALL FORUM COMMEMORATING DR. MARTIN LUTHER KING DAY IN WASHINGTON DC.
LEGAL SERVICES FOR PRISONERS WITH CHILDREN - 1540 MARKET STREET, #490 - SAN FRANCISCO, CA 94102	94-3080408	501(C)3	12,000.	0. N/A		N/A	TO HOLD TWO MAJOR PUBLIC CONVENING'S ON THE SOCIAL AND POLITICAL IMPLICATIONS OF EXISTING
STUDENTS FOR SENSIBLE DRUG POLICY FOUNDATION - 1623 CONNECTICUT AVENUE - WASHINGTON DC, NY 20009	52-2296291	501(C)3	20,000.	0. N/A		N/A	TO SUPPORT SSDP 2011 ACTIVIST TRAINING CAMP.
THE ORDINARY PEOPLE SOCIETY 403 WEST POWELL STREET DOTHAN, AL 36303	82-0587071	501(C)3	32,000.	0. N/A		N/A	TO SUPPORT THE BUILDING A MOVEMENT AND DEVELOPING A NATION VOICE, NETWORK AND POLITICAL PLATFORM BY AND
A BETTER WAY FOUNDATION PO BOX 942 HARTFORD, CT 06101	06-1576383	501(C)3	20,000.	0. N/A		N/A	TO SUPPORT THEIR CAMPAIGN TO REFORM CONNECTICUT'S MARIJUANA LAWS.
CITIWIDE HARM REDUCTION PROGRAM, INC. - 226 EAST 144TH STREET - BRONX, NY 10451	13-4009817	501(C)3	7,500.	0. N/A		N/A	TO HELP DEVELOP A "REDUCING HARM, IMPROVE LIVES" COMMUNITY ACTION FORUM.
COLORADO ALLIANCE MARIJUANA EDUCATION FUND - PO BOX 18942 - DENVER, CO 80218-0768	33-1099047	501(C)3	10,000.	0. N/A		N/A	TO HELP SUPPORT AND BUILD A FOUNDATION TO ENGAGE IN A STATEWIDE PUBLIC EDUCATION CAMPAIGN TO
VOCAL 80-A FOURTH AVENUE BROOKLYN, NY 11217	13-4094385	501(C)3	10,000.	0. N/A		N/A	TO HELP SUPPORT THEIR CAMPAIGN TO END MARIJUANA ARRESTS IN NEW YORK CITY.
A NEW PATH 2527 DOUBLETREE RD. SPRING VALLEY, CA 91978	33-0883927	501(C)3	12,000.	0. N/A		N/A	TO SUPPORT THEIR MOM'S UNITED TO END THE WAR ON DRUGS CAMPAIGN.

## Part I 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
ELLA BAKER CENTER FOR HUMAN RIGHTS 1970 BROADWAY, SUITE 450 OAKLAND, CA 94612	94-3252009	501(C)3	7,500.	0. N/A		N/A	TO SUPPORT A PUBLIC OPINION POLLING AND PROMOTION PROJECT.
THE RIVERSIDE CHURCH 490 RIVERSIDE DRIVE NEW YORK, NY 10027	13-1624157	501(C)3	1,000.	0. N/A		N/A	TO SUPPORT THE MAY 21ST MICHELLE ALEXANDER PANEL.
COLORADO CRIMINAL JUSTICE REFORM COALITION - 1212 MARIPOSA STREET, SUITE 6 - DENVER, CO 80204	84-1449882	501(C)3	500.	0. N/A		N/A	ADDITIONAL FUNDS FOR THE 40TH ANNIVERSARY OF THE WAR ON DRUGS.
A NEW PATH 2527 DOUBLETREE ROAD SPRING VALLEY, CA 91978	33-0883927	501(C)3	30,000.	0. N/A		N/A	TO SUPPORT THEIR CONTINUED EFFORTS TO REDUCE THE STIGMA OF ADDICTION, IN ORDER TO
ALABAMIANS FOR COMPASSIONATE CARE (F.S. THE ORDINARY PEOPLE SOCIETY - TOPS) - 4633 PEARSON CHAPEL RD - ALEXANDER CITY, AL 35010	82-0587071	501(C)3	25,000.	0. N/A		N/A	TO SUPPORT THEIR EFFORTS TOWARD MAKING MEDICAL MARIJUANA LEGAL AND ACCESSIBLE IN ALABAMA.
AMERICAN CIVIL LIBERTIES UNION OF MS - PO BOX 2242 JACKSON, MS 39225	64-0694013	501(C)3	15,000.	0. N/A		N/A	TO BRING SOME OF THE MOST MARGINALIZED PEOPLE INTO POLICY AND OTHER DISCUSSIONS ABOUT REFORM.
CALIFORNIA SOCIETY OF ADDICTION MEDICINE - 575 MARKET STREET, STE. 2125 - SAN FRANCISCO, CA 94105	23-7364605	501(C)3	30,000.	0. N/A		N/A	TO BRING DOCTORS AND OTHER MEDICAL PROFESSIONAL TO THE ADVOCACY TABLE.
CANGRESS (DBA LA COMMUNITY ACTION NETWORK) - 530 S. MAIN STREET - LOS ANGELES, CA 90013	02-0661629	501(C)3	15,000.	0. N/A		N/A	TO SUPPORT THEIR CIVIL RIGHTS ADVOCACY PROJECT.
COLORADO CRIMINAL JUSTICE 1212 MARIPOSA STREET #6 DENVER, CO 80204	84-1449820	501(C)3	25,927.	0. N/A		N/A	GENERAL OPERATION SUPPORT FOR THEIR EFFORTS TO EDUCATE THE PUBLIC AND LAWMAKERS REGARDING THE

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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
DIRECT ACTION FOR RIGHTS AND EQUALITY (DARE) - 340 LOCKWOOD STREET - PROVIDENCE, RI 2907	05-0422763	501(C)3	15,000.	0.N/A.		N/A	TO CONTINUE SUPPORT THEIR BEHIND THE WALLS PROJECT, WHICH SEEKS TO ORGANIZE PEOPLE WHOSE LIVES HAVE
DRCNET FOUNDATION INC. 1623 CONNECTICUT AVENUE, NW FLOOR 3 WASHINGTON DC, NY 20009	52-2034867	501(C)3	15,000.	0.N/A.		N/A	TO SUPPORT PHIL SMITH'S REPORTS FOR DRCNET. GENERAL OPERATING SUPPORT FOR THE ONLY DRUG POLICY REFORM GROUP IN THE STATE.
DRUG POLICY EDUCATION GROUP PO BOX 682 FAYETTEVILLE, AR 72702	71-0844533	501(C)3	15,000.	0.N/A.		N/A	GENERAL OPERATING SUPPORT FOR THE ONLY DRUG POLICY REFORM GROUP IN THE STATE.
DRUG POLICY FORUM OF HAWAII PO BOX 61233 HONOLULU, HI 96839	94-3263242	501(C)3	15,000.	0.N/A.		N/A	GENERAL OPERATING SUPPORT FOR THE KEY DRUG POLICY REFORM GROUP IN THE STATE.
DRUGSENSE 14252 CULVER DRIVE #328 IRVINE, CA 92604	77-0440900	501(C)3	50,000.	0.N/A.		N/A	GENERAL OPERATING SUPPORT TO CONTINUE ENABLING THE ORGANIZATION TO PROVIDE THE MOVEMENT WITH THE
DRUGTRUTH NETWORK (F.S DRUGSENSE) 9539 PECAN GLEN COURT HOUSTON, TX 77040	77-0440900	501(C)3	15,000.	0.N/A.		N/A	TO SUPPORT THEIR ORGANIZATION'S MEDIA WORK.
FAMILIES ACT 123 E. PEDREGOSA STREET SANTA BARBARA, CA 93101	38-3767998	501(C)3	15,000.	0.N/A.		N/A	TO SUPPORT AN OUTREACH AND ADVOCACY PROJECT TARGETED AT COLLEGE STUDENT POPULATION,
FAMILIES FOR FREEDOM 3 WEST 29TH STREET NEW YORK, NY	20-2798922	501(C)3	20,000.	0.N/A.		N/A	TO HELP CONDUCT "KNOW YOUR RIGHTS" WORKSHOPS FOR COMMUNITIES TARGETED BY BOTH IMMIGRATION
HOMELESS YOUTH ALLIANCE (F.S TIDES CENTER) - PO BOX 170427 - SAN FRANCISCO, CA 94117	94-3213100	501(C)3	15,000.	0.N/A.		N/A	TO HELP INCREASE THE THE SCOPE AND EFFECTIVENESS OF THEIR ADVOCACY WORK.

DRUG POLICY ALLIANCE

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
INDEPENDENT MEDIA INSTITUTE / ALTERNET - 77 FEDERAL PLAZA FLOOR 2 - SAN FRANCISCO, CA 94107	52-1309876	501(C)3	20,000.	0.N/A	0.N/A	N/A	TO SUPPORT THEIR ORGANIZATION'S MEDIA WORK.
INSTITUTE FOR METROPOLITAN AFFAIRS (F.S. ROOSEVELT UNIVERSITY) - 430 S. MICHIGAN AVENUE - CHICAGO, IL 60605	36-2167854	501(C)3	25,000.	0.N/A	0.N/A	N/A	TO SUPPORT THE ILLINOIS CONSORTIUM ON DRUG POLICY, IN THEIR EFFORTS TOWARDS SENTENCING REFORM
LABOR/COMMUNITY STRATEGY CENTER 3780 WILSEIER BLVD. STE 1200 LOS ANGELES, CA 90010	95-4201669	501(C)3	15,000.	0.N/A	0.N/A	N/A	IN SUPPORT OF THEIR WORK IN BLACK AND BROWN COMMUNITIES ON VARIOUS HUMAN AND CIVIL RIGHTS
LAW ENFORCEMENT AGAINST PROHIBITION (LEAP) - 121 MYSTIC AVENUE - MEDFORD, MA 02155	16-1645758	501(C)3	40,000.	0.N/A	0.N/A	N/A	GENERAL OPERATING SUPPORT TO SUSTAIN ITS EFFORTS TO PRESENT A LAW ENFORCEMENT PERSPECTIVE ON THE NEED
MOTHERS AGAINST TEEN VIOLENCE (MATV) - 2904 FLOYD STREET, SUITE F - DALLAS, TX 75204	75-2539186	501(C)3	15,000.	0.N/A	0.N/A	N/A	TO SUPPORT PROJECT RETHINK.
NEW MEXICO WOMEN'S JUSTICE PROJECT PO BOX 25501 ALBUQUERQUE, NM 87125-5501	81-0548043	501(C)3	15,000.	0.N/A	0.N/A	N/A	TO SUPPORT THEIR EFFORTS TO EDUCATE RESIDENTS AND POLICYMAKERS IN NEW MEXICO ABOUT OVERALL
NY ACADEMY OF MEDICINE 1216 FIFTH AVENUE NEW YORK, NY 10029	13-1656674	501(C)3	40,000.	0.N/A	0.N/A	N/A	TO SUPPORT A GROUNDREKING DAY-AND-A-HALF CONFERENCE THAT SEEKS TO ADVANCE A
PARTNERSHIP FOR SAFETY AND JUSTICE 825 NE 20TH AVENUE, SUITE 250 PORTLAND, OR 97232	93-1277774	501(C)3	15,000.	0.N/A	0.N/A	N/A	TO SUPPORT THEIR PUBLIC EDUCATION CAMPAIGN THAT WILL SEEK TO BUILD A BASE OF SUPPORT FOR
PROJECT LAZARUS (NORTHWEST COMMUNITY CARE NETWORK) - PO BOX 15046 - WINSTON-SALEM, NC 27113-0046	27-0602284	501(C)3	20,000.	0.N/A	0.N/A	N/A	TO START UP A PILOT PROGRAM FOR NALOXONE DISTRIBUTION IN NORTH CAROLINA'S APPALACHIA

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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
QUEERS FOR ECONOMIC JUSTICE 147 WEST 24TH STREET 4TH FLOOR NEW YORK, NY 10011	71-0955732	501(C)3	15,000.	0. N/A			IN SUPPORT FOR THEIR SHELTER ORGANIZING PROJECT.
REGIONAL CONGREGATION AND NEIGHBORHOOD ORGANIZATIONS 1061 E. 54TH STREET - LOS ANGELES, CA 90011	95-4828869	501(C)4	15,000.	0. N/A			TO SUPPORT BUILDING CLERICAL AND LAY LEADERS CAPACITY TO "PROTECT, SERVE AND REVITALIZE" THE
SAN FRANCISCO DRUG USERS' UNION (F.S. HARM REDUCTION THERAPY CENTER) - 1015 MARTIN LUTHER KING JR. WAY - OAKLAND, CA 94612	94-3363781	501(C)3	40,000.	0. N/A			IN SUPPORT OF THEIR USER'S UNION, WHICH, LIKE VOCAL IN NEW YORK CITY, WORKS TIRELESSLY TO
STUDENTS FOR SENSIBLE DRUG POLICY FOUNDATION - 1623 CONNECTICUT AVE, NW SUITE 300 - WASHINGTON DC, NY 20009	52-2296291	501(C)3	45,000.	0. N/A			TO EXPAND THEIR CAMPUS CHANGE CAMPAIGN.
THE ORDINARY PEOPLE SOCIETY (TOPS) 403 WEST POWELL STREET DOTHAN, AL 36303	82-0587071	501(C)3	40,000.	0. N/A			TO FURTHER DEVELOP ITS NEW BOTTOM LINE CAMPAIGN. TO FURTHER DEVELOP ITS NEW BOTTOM LINE CAMPAIGN.
UNIVERSITY OF PENNSYLVANIA LAW SCHOOL - 3400 CHESTNUT STREET - PHILADELPHIA, PA 19104-6204		501(C)3	20,000.	0. N/A			CONTRACT
VOCAL (F.S. NYC AIDS HOUSING NETWORK -NYCAHN) - 80-A FOURTH AVENUE - BROOKLYN, NY 11217	13-4094385	501(C)3	35,000.	0. N/A			TO SUPPORT ITS USERS UNION.
VOLUNTARY COMMITTEE OF LAWYERS, INC. - 1200 FIFTH AVENUE, SUITE 600 - SEATTLE, WA 98101	13-3972556	501(C)3	15,000.	0. N/A			GENERAL OPERATING SUPPORT TO STIMULATE DEBATE AND DISCUSSION AND INFLUENCE PROGRESSIVE DRUG POLICY
WOMEN ON THE RISE TELLING HERSTORY (F.S THE OSBORNE ASSOCIATION) - 1430 FREEPORT LOOP, SUITE 11A - BROOKLYN, NY 11239	13-5563028	501(C)3	15,000.	0. N/A			TO HELP TRAIN WORTH MEMBERS IN PUBLIC SPEAKING, AND CONDUCTING WORKSHOPS ALL WHICH ARE

DRUG POLICY ALLIANCE

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
YOUTH JUSTICE COALITION 1137 EAST REDONDO BLVD. INGLEWOOD, CA 90302	83-0466818	501(C)3	15,000.	0 N/A	N/A		TO BUILD AND EXPAND A YOUTH LED MOVEMENT THAT WILL 'DISRUPT THE SCHOOL TO PRISON PIPELINE'.
ELLA BAKER CENTER FOR HUMAN RIGHTS 344 40TH STREET OAKLAND, CA 94609	94-3252009	501(C)3	50,000.	0 N/A	N/A		TO SUPPORT THE COLLABORATIVE EFFORT TO REFORM CALIFORNIA'S FAILED CRIMINAL JUSTICE
ACLU OF NORTHERN CALIFORNIA 39 DRUMM STREET SAN FRANCISCO, CA 94111	94-0279770	501(C)3	50,000.	0 N/A	N/A		TO SUPPORT THE COLLABORATIVE EFFORT TO REFORM CALIFORNIA'S FAILED CRIMINAL JUSTICE



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

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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**PART II, LINE 1, COLUMN (H):**  
**NAME OF ORGANIZATION OR GOVERNMENT: PREVENTION POINT PITTSBURGH**  
**(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR ATTENDANCE AND PRESENTATION AT THE AMERICAN PUBLIC HEALTH ASSOCIATION CONFERENCE IN DENVER, CO ON NOVEMBER 9, 2010.**

**NAME OF ORGANIZATION OR GOVERNMENT:**  
**LEGAL SERVICES FOR PRISONERS WITH CHILDREN**

**(H) PURPOSE OF GRANT OR ASSISTANCE: TO HOLD TWO MAJOR PUBLIC CONVENING'S**

**Part IV** Supplemental Information

ON THE SOCIAL AND POLITICAL IMPLICATIONS OF EXISTING DRUG POLICY ON THE  
AFRICAN AMERICAN COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: THE ORDINARY PEOPLE SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE BUILDING A MOVEMENT  
AND DEVELOPING A NATION VOICE, NETWORK AND POLITICAL PLATFORM BY AND FOR  
FORMALLY INCARCERATED PEOPLE.

NAME OF ORGANIZATION OR GOVERNMENT:

COLORADO ALLIANCE MARIJUANA EDUCATION FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP SUPPORT AND BUILD A  
FOUNDATION TO ENGAGE IN A STATEWIDE PUBLIC EDUCATION CAMPAIGN TO SUPPORT  
MARIJUANA LAW REFORM IN COLORADO.

NAME OF ORGANIZATION OR GOVERNMENT: A NEW PATH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR CONTINUED EFFORTS  
TO REDUCE THE STIGMA OF ADDICTION, IN ORDER TO FACILITATE WIDER ACCESS TO  
THERAPEUTIC TREATMENT OPPORTUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: COLORADO CRIMINAL JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATION SUPPORT FOR THEIR  
EFFORTS TO EDUCATE THE PUBLIC AND LAWMAKERS REGARDING THE BENEFITS OF  
REDUCING THE STATE'S OVER RELIANCE ON THE CRIMINAL JUSTICE SYSTEM,  
PARTICULARLY IN MATTERS OF DRUG POLICY.

NAME OF ORGANIZATION OR GOVERNMENT:

DIRECT ACTION FOR RIGHTS AND EQUALITY (DARE)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONTINUE SUPPORT THEIR BEHIND THE

**Part IV** Supplemental Information

WALLS PROJECT, WHICH SEEKS TO ORGANIZE PEOPLE WHOSE LIVES HAVE BEEN SEVERELY AFFECTED BY HARSH DRUG-SENTENCING LAWS.

NAME OF ORGANIZATION OR GOVERNMENT: DRUGSENSE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO CONTINUE ENABLING THE ORGANIZATION TO PROVIDE THE MOVEMENT WITH THE SAME LEVEL OF INFORMATION ABOUT THE DRUG WAR.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILIES ACT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AN OUTREACH AND ADVOCACY PROJECT TARGETED AT COLLEGE STUDENT POPULATION, POLICY-MAKERS AND THE GENERAL PUBLIC.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILIES FOR FREEDOM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP CONDUCT "KNOW YOUR RIGHTS" WORKSHOPS FOR COMMUNITIES TARGETED BY BOTH IMMIGRATION POLICIES AND THE DRUG WAR.

NAME OF ORGANIZATION OR GOVERNMENT:

INSTITUTE FOR METROPOLITAN AFFAIRS (F.S. ROOSEVELT UNIVERSITY)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ILLINOIS CONSORTIUM ON DRUG POLICY, IN THEIR EFFORTS TOWARDS SENTENCING REFORM FOR NONVIOLENT DRUG OFFENDERS IN THE STATE.

NAME OF ORGANIZATION OR GOVERNMENT: LABOR/COMMUNITY STRATEGY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THEIR WORK IN BLACK AND BROWN COMMUNITIES ON VARIOUS HUMAN AND CIVIL RIGHTS ISSUES.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

LAW ENFORCEMENT AGAINST PROHIBITION (LEAP)

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO SUSTAIN ITS EFFORTS TO PRESENT A LAW ENFORCEMENT PERSPECTIVE ON THE NEED TO END DRUG PROHIBITION.

NAME OF ORGANIZATION OR GOVERNMENT:

NEW MEXICO WOMEN'S JUSTICE PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR EFFORTS TO EDUCATE RESIDENTS AND POLICYMAKERS IN NEW MEXICO ABOUT OVERALL SENSIBLE AND JUST DRUG POLICY.

NAME OF ORGANIZATION OR GOVERNMENT: NY ACADEMY OF MEDICINE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A GROUNDBREAKING DAY-AND-A-HALF CONFERENCE THAT SEEKS TO ADVANCE A COORDINATED PUBLIC HEALTH APPROACH TO DRUG POLICY IN NEW YORK STATE.

NAME OF ORGANIZATION OR GOVERNMENT:

PARTNERSHIP FOR SAFETY AND JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEIR PUBLIC EDUCATION CAMPAIGN THAT WILL SEEK TO BUILD A BASE OF SUPPORT FOR PROGRESSIVE DRUG POLICY AS IT RELATES TO THE CRIMINALIZATION OF ADDICTION.

NAME OF ORGANIZATION OR GOVERNMENT:

PROJECT LAZARUS (NORTHWEST COMMUNITY CARE NETWORK)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO START UP A PILOT PROGRAM FOR NALOXONE DISTRIBUTION IN NORTH CAROLINA'S APPALACHIA COUNTY.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

REGIONAL CONGREGATION AND NEIGHBORHOOD ORGANIZATIONS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT BUILDING CLERICAL AND LAY LEADERS CAPACITY TO "PROTECT, SERVE AND REVITALIZE" THE COMMUNITIES IN WHICH THEY EXIST.

NAME OF ORGANIZATION OR GOVERNMENT:

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

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF THEIR USER'S UNION, WHICH, LIKE VOCAL IN NEW YORK CITY, WORKS TIRELESSLY TO PROVIDE DRUG-USING MEMBERS OF THE COMMUNITY TO SELF-ADVOCATE.

NAME OF ORGANIZATION OR GOVERNMENT:

THE ORDINARY PEOPLE SOCIETY (TOPS)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FURTHER DEVELOP ITS NEW BOTTOM LINE CAMPAIGN.

TO FURTHER DEVELOP ITS NEW BOTTOM LINE CAMPAIGN.

TO FURTHER DEVELOP ITS NEW BOTTOM LINE CAMPAIGN.

NAME OF ORGANIZATION OR GOVERNMENT:

VOLUNTARY COMMITTEE OF LAWYERS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT TO STIMULATE DEBATE AND DISCUSSION AND INFLUENCE PROGRESSIVE DRUG POLICY REFORM BY WORKING THROUGH LOCAL AND STATE BAR ASSOCIATIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN ON THE RISE TELLING HERSTORY (F.S THE OSBORNE ASSOCIATION)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP TRAIN WORTH MEMBERS IN

**Part IV** Supplemental Information

PUBLIC SPEAKING, AND CONDUCTING WORKSHOPS ALL WHICH ARE HELD IN  
LOW-INCOME COMMUNITIES OF COLOR WITH A SPECIAL FOCUS ON THE NEEDS OF  
WOMEN.

NAME OF ORGANIZATION OR GOVERNMENT: ELLA BAKER CENTER FOR HUMAN RIGHTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE COLLABORATIVE EFFORT  
TO REFORM CALIFORNIA'S FAILED CRIMINAL JUSTICE SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT: ACLU OF NORTHERN CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE COLLABORATIVE EFFORT  
TO REFORM CALIFORNIA'S FAILED CRIMINAL JUSTICE SYSTEM.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
 ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

**DRUG POLICY ALLIANCE**

Employer identification number

**52-1516692**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p><b>b</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 .....</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input 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				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input 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									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....</p>	<b>4a</b>	X								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	X								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	X								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p><b>a</b> The organization? .....</p>	<b>5a</b>	X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	X								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p><b>a</b> The organization? .....</p>	<b>6a</b>	X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	X								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	X								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-8(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2010

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

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ETHAN NADELMANN	219,787.	0.	8,460.	16,500.	9,554.	254,301.	8,460.
	0.	0.	0.	0.	0.	0.	0.
2 DEREK HODEL	154,662.	0.	145.	15,939.	5,653.	176,399.	145.
	0.	0.	0.	0.	0.	0.	0.
3 DEDE DUNEVANT	129,922.	0.	0.	13,390.	10,417.	153,729.	0.
	0.	0.	0.	0.	0.	0.	0.
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							



Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 4B: DRUG POLICY ALLIANCE PROVIDES RETIREMENT BENEFITS THROUGH A 403(B) DEFINED CONTRIBUTION PLAN (THE "PLAN") FOR ITS EMPLOYEES. DRUG POLICY ALLIANCE ALSO PROVIDES A NON-QUALIFIED RETIREMENT PLAN, ( THE EXECUTIVE 457(B) RETIREMENT PLAN OF DRUG POLICY ALLIANCE), FOR HIGHLY COMPENSATED EMPLOYEES WHO DO NOT RECEIVE THE FULL 403(B) EMPLOYER MATCH FROM DPA.

DURING FISCAL YEAR 2011, ETHAN NADELMANN, EXECUTIVE DIRECTOR OF DRUG POLICY ACTION RECEIVED A PAYMENT IN THE AMOUNT OF \$8,460 FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN.

DEREK HODEL, DEPUTY EXECUTIVE DIRECTOR, ALSO RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT OF \$145.

**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.

OMB No. 1545-0047

**2010**

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:

CALIFORNIA, CONNECTICUT, MARYLAND, NEW JERSEY, NEW MEXICO, NEW YORK,  
AND WASHINGTON, D.C. DRUG POLICY ALLIANCE'S ADVOCACY GRANTS PROGRAM  
ALSO PROVIDED APPROXIMATELY \$1,400,000 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:

PROMOTING EFFECTIVE DRUG EDUCATION FOR YOUTH.

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

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

IN DEALING WITH DRUGS, DRUG USERS, AND DRUG MARKETS. THE DRUG POLICY ALLIANCE IS CURRENTLY MOST ACTIVE AT THE NATIONAL LEVEL AND IN ALABAMA, CALIFORNIA, CONNECTICUT, MARYLAND, NEW JERSEY, NEW MEXICO, NEW YORK, AND WASHINGTON, D.C.

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

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 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDE- CONFERENCES, HEALTH AND HARM REDUCTION, TREATMENT AND PREVENTION, AND SPECIAL PROJECTS.

EXPENSES \$ 1,355,369. INCLUDING GRANTS OF \$ 0. REVENUE \$ 174,940.

FORM 990, PART VI, SECTION B, LINE 11: WE HAVE ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE OUR FORM 990. ONCE THE FORM IS PREPARED, IT IS FORWARDED TO MANAGEMENT FOR THEIR INITIAL REVIEW FOR COMPLIANCE WITH THE FINANCIAL STATEMENTS, AND ALSO FORWARDED BY PAPER COPY TO THE PRESIDENT OF THE BOARD AS WELL AS THE EXECUTIVE DIRECTOR FOR THEIR REVIEW. ONCE ANY QUESTIONS OR CONCERNS ARE ADDRESSED, MANAGEMENT THEN FORWARDS THE RETURN TO THE FULL BOARD BY EMAIL OR PAPER COPY FOR THEIR REVIEW. ANY QUESTIONS FROM BOARD MEMBERS ARE DIRECTED BY THE BOARD PRESIDENT TO STAFF OR TO THE

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

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 SIGNATURE, AND THE FINALIZED FORM 990 IS THEN FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST DOCUMENT IS FORWARDED TO THE FULL BOARD ANNUALLY FOR THEIR REVIEW AND SIGNATURE. THE BOARD MEMBERS SIGN THE FORM AND RETURN THE SIGNED FORM TO MANAGEMENT WHO REVIEW THE SIGNED COPIES FOR ANY CONFLICTS. THE POLICY COVERS ALL BOARD MEMBERS EQUALLY. IF IT IS ESTABLISHED THAT AN ACTUAL CONFLICT EXISTS, THE BOARD MEMBER WILL BE NOTIFIED IMMEDIATELY AND WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY DISCUSSIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT UNTIL THE CONFLICT IS RESOLVED. THE BOARD MEMBER WILL HAVE TO EXCUSE HIMSELF FROM THE MEETING AND ALLOW THE OTHER BOARD MEMBERS TO VOTE ON THE ISSUE.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF DRUG POLICY ALLIANCE (DPA) DETERMINE ANNUALLY THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE DPA COMMITTEE UTILIZE SURVEYS OF SIMILAR ORGANIZATIONS, COMPENSATION EXPERTS AND /OR ANY OTHER INPUT THE COMMITTEE DEEMS APPROPRIATE.

THE DPA POLICY ADOPTED SHALL BE REVIEWED BY THE BOARD, OR AT ITS DISCRETION BY AN APPROPRIATE COMMITTEE, NO LESS THAN ONCE EVERY THREE YEARS.

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

Name of the organization

DRUG POLICY ALLIANCE

Employer identification number

52-1516692

NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, VI, VT, VA, WA, WI, WY, IN, NV

FORM 990, PART VI, SECTION C, LINE 18: 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.

FORM 990, PART VI, SECTION C, LINE 19: 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. IN ADDITION, THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE BY POSTING IT ON GUIDESTAR.ORG AND OTHER SIMILAR WEBSITES.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**Related Organizations and Unrelated Partnerships**  
 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 Attach to Form 990. See separate instructions.

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

(a) Name, address, and EIN 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" to 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 70 W. 36TH STREET, 16TH FLOOR NEW YORK, NY 10018	PROMOTING SOCIAL WELFARE AND TO ADVOCATE FOR DRUG POLICY REFORM	NEW YORK	501(C)(4)	N/A			X

**Part III** Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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?	
							Yes	No		Yes	No

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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

**Part V** **Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

		Yes	No
<b>1</b>	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?		
<b>a</b>	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b>	Gift, grant, or capital contribution to other organization(s)		X
<b>c</b>	Gift, grant, or capital contribution from other organization(s)		X
<b>d</b>	Loans or loan guarantees to or for other organization(s)		X
<b>e</b>	Loans or loan guarantees by other organization(s)		X
<b>f</b>	Sale of assets to other organization(s)		X
<b>g</b>	Purchase of assets from other organization(s)		X
<b>h</b>	Exchange of assets		X
<b>i</b>	Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b>	Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b>	Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b>	Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b>	Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b>	Sharing of paid employees		X
<b>o</b>	Reimbursement paid to other organization for expenses		X
<b>p</b>	Reimbursement paid by other organization for expenses		X
<b>q</b>	Other transfer of cash or property to other organization(s)		X
<b>r</b>	Other transfer of cash or property from other 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 other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>	DRUG POLICY ACTION	I	55,996.5%	OF ACTUAL
<b>(2)</b>	DRUG POLICY ACTION	K	67,518.10%	OF ACTUAL
<b>(3)</b>	DRUG POLICY ACTION	P	123,515.5%	OF ACTUAL
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				





**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Area with horizontal lines for supplemental information.