

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 06-01-2020, and ending 05-31-2021

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: DRUG POLICY ALLIANCE
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 131 W 33RD STREET 15TH FLOOR
 City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10001

D Employer identification number: 52-1516692
E Telephone number: (212) 613-8040
G Gross receipts \$ 16,583,800

F Name and address of principal officer:
 KASSANDRA FREDERIQUE
 131 W 33RD STREET 15TH FLOOR
 NEW YORK, NY 10001

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.DRUGPOLICY.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1995 **M** State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 THE DRUG POLICY ALLIANCE WORKS TO END THE WAR ON DRUGS AND BUILD IN ITS PLACE AN ALTERNATIVE APPROACH TO DRUGS GROUNDED IN SCIENCE, COMPASSION, HEALTH, AND HUMAN RIGHTS.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	50
6 Total number of volunteers (estimate if necessary)	6	15
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	15,157,738	16,406,443
9 Program service revenue (Part VIII, line 2g)	378,467	126,909
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,786	9,548
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,148	2,495
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,593,139	16,545,395
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,258,735	908,500
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,411,395	5,435,769
16a Professional fundraising fees (Part IX, column (A), line 11e)	200,445	226,153
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,658,592		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,142,810	4,313,017
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	13,013,385	10,883,439
19 Revenue less expenses. Subtract line 18 from line 12	2,579,754	5,661,956

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	13,012,787	19,983,663
21 Total liabilities (Part X, line 26)	4,141,127	5,463,315
22 Net assets or fund balances. Subtract line 21 from line 20	8,871,660	14,520,348

Part II Signature Block

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

Sign Here

Signature of officer: *****
 Date: 2022-03-16

KASSANDRA FREDERIQUE EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: PKF O'CONNOR DAVIES LLP
 Preparer's signature: [Signature]
 Date: 2022-03-16
 Check if self-employed
 PTIN: P00543209
 Firm's name: PKF O'CONNOR DAVIES LLP
 Firm's EIN: 27-1728945
 Firm's address: 500 MAMARONECK AVENUE
 HARRISON, NY 105281633
 Phone no. (914) 381-8900

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE WAR ON DRUGS IS AMONG THE MOST DISASTROUS POLICIES IN THE UNITED STATES. IT IS A MAJOR DRIVER OF CRIMINALIZATION AND OVER-POLICING, WITH A PARTICULARLY DEVASTATING IMPACT ON GENERATIONS OF BLACK, LATINX, AND OTHER PEOPLE OF COLOR.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,649,969 including grants of \$) (Revenue \$)
 See Additional Data

4b (Code:) (Expenses \$ 983,049 including grants of \$ 885,000) (Revenue \$)
 See Additional Data

4c (Code:) (Expenses \$ 409,604 including grants of \$) (Revenue \$ 7,856)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 2,547,511 including grants of \$ 23,500) (Revenue \$ 119,053)

4e Total program service expenses ▶ 6,590,133

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about states where Form 990 is required, public inspection of Form 1023, and disclosure of governing documents.

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEREK OSCAR HODEL PRESIDENT	2.00	X		X				0	0	0
(2) CHRISTINE DOWNTON TREASURER	2.00	X		X				0	0	0
(3) REV EDWIN SANDERS SECRETARY	2.00	X		X				0	0	0
(4) MARY TRAVIS BASSETT DIRECTOR	1.00	X						0	0	0
(5) JAMES E FERGUSON II DIRECTOR	1.00	X						0	0	0
(6) JOY FISHMAN DIRECTOR	1.00	X						0	0	0
(7) JASON FLOM DIRECTOR	1.00	X						0	0	0
(8) DAVID C LEWIS MD DIRECTOR UNTIL DEC 2020	1.00	X						0	0	0
(9) PAMELA LICHTY DIRECTOR	1.00	X						0	0	0
(10) ALEJANDRO MADRAZO DIRECTOR	1.00	X						0	0	0
(11) ANGELA PACHECO DIRECTOR	1.00	X						0	0	0
(12) KEMBA SMITH PRADIA DIRECTOR	1.00	X						0	0	0
(13) JOSIAH RICH MD DIRECTOR	1.00	X						0	0	0
(14) GEORGE SOROS DIRECTOR	1.00	X						0	0	0
(15) ILONA SZABO DE CAVALHO DIRECTOR UNTIL OCT 2020	1.00	X						0	0	0
(16) KASSANDRA FREDERIQUE MD POLICY UNTIL SEPT 2020/EXECUTIVE DIRECTOR	40.00			X				176,825	0	31,955
(17) RICHARD BURNS INTERIM EXECUTIVE DIRECTOR UNTIL SEPT 2020	40.00			X				216,000	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KIMBERLY THOMAS CHIEF OPERATING OFFICER AS OF MARCH 2021	40.00 8.00			X				0	0	0
(19) THESHIA NAIDOO LEGAL DIRECTOR, LEGAL AFFAIRS	40.00				X			152,822	0	22,488
(20) JULIE NETHERLAND MANAGING DIRECTOR, DRAE	40.00				X			143,907	0	23,201
(21) ELLEN FLENNIKEN MANAGING DIRECTOR, DEVELOPMENT	40.00				X			141,941	0	62,463
(22) STEFANIE JONES INTERIM MANAGING DIRECTOR, COMMS	40.00				X			136,823	0	19,539
(23) EMILY KALTENBACH SENIOR DIRECTOR, CRIMINAL LEGAL & POLICING REFORM	40.00				X			135,475	0	57,171
1b Sub-Total ▶										
1c Total from continuation sheets to Part VII, Section A ▶										
1d Total (add lines 1b and 1c) ▶							1,103,793	0	216,817	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 15

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FAIRCOM NEW YORK 12 WEST 27TH STREET 13TH FLOOR NEW YORK, NY 10001	FUNDRAISING	654,422
FISCAL MANAGEMENT ASSOCIATES 440 PARK AVENUE SOUTH NEW YORK, NY 10016	MANAGEMENT CONSULTING	305,508
JACKSON RIVER LLC P O BOX 931604 ATLANTA, GA 31193	PROGRAM CONSULTING	140,280

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	908,500	908,500		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	414,391	217,398	157,860	39,133
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	3,959,074	2,408,086	934,856	616,132
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	259,255	155,716	63,325	40,214
9 Other employee benefits	515,552	316,029	120,446	79,077
10 Payroll taxes	287,497	176,437	67,504	43,556
11 Fees for services (non-employees):				
a Management	390,100		363,327	26,773
b Legal	155,286	95,237	57,052	2,997
c Accounting	45,613		45,613	
d Lobbying	331,752	331,752		
e Professional fundraising services. See Part IV, line 17	226,153			226,153
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	70,157	55	64,691	5,411
12 Advertising and promotion	164,482	72,702		91,780
13 Office expenses	223,324	56,965	80,514	85,845
14 Information technology	158,857	87,785	40,397	30,675
15 Royalties	9,958			9,958
16 Occupancy	784,488	585,434	132,455	66,599
17 Travel	2,507		2,481	26
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	102,080	92,341	4,798	4,941
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	304,943	63,733	203,580	37,630
23 Insurance	105,064	7,817	97,247	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM FEES	988,985	917,086	71,899	
b PRINTING	226,065	723	294	225,048
c MAINTENANCE AND REPAIRS	121,741	74,943	34,817	11,981
d MEMBERSHIP/SUBSCRIPTION	62,541	13,159	35,166	14,216
e All other expenses	65,074	8,235	56,392	447
25 Total functional expenses. Add lines 1 through 24e	10,883,439	6,590,133	2,634,714	1,658,592
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	821,610	196,895	0	624,715

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,854,306	1	4,870,955
	2 Savings and temporary cash investments	1,141,414	2	1,142,312
	3 Pledges and grants receivable, net	2,709,160	3	8,880,323
	4 Accounts receivable, net	2,800	4	0
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	71,417	9	57,395
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	6,288,034		
	b Less: accumulated depreciation	1,865,393		
	11 Investments—publicly traded securities	401,312	11	415,707
	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	104,794	15	194,330
16 Total assets. Add lines 1 through 15 (must equal line 33)	13,012,787	16	19,983,663	
Liabilities	17 Accounts payable and accrued expenses	576,793	17	914,299
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,441,829	23	2,341,616
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,122,505	25	2,207,400
	26 Total liabilities. Add lines 17 through 25	4,141,127	26	5,463,315
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,915,617	27	5,379,154
	28 Net assets with donor restrictions	2,956,043	28	9,141,194
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	8,871,660	32	14,520,348	
33 Total liabilities and net assets/fund balances	13,012,787	33	19,983,663	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,545,395
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,883,439
3	Revenue less expenses. Subtract line 2 from line 1	3	5,661,956
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,871,660
5	Net unrealized gains (losses) on investments	5	6,181
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-19,449
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,520,348

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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.</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 52-1516692

Name: DRUG POLICY ALLIANCE

Form 990 (2020)

Form 990, Part III, Line 4a:

REFORMING THE CRIMINAL JUSTICE SYSTEM: DRUG POLICY ALLIANCE (DPA) ADVANCES CUTTING-EDGE DRUG POLICY REFORMS IN THE JURISDICTIONS THAT PRESENT THE GREATEST OPPORTUNITIES FOR VICTORY AND IMPACT, AND INCREASINGLY, IN LOCAL JURISDICTIONS AND CONSERVATIVE STATES WHERE REFORM MOVES MORE SLOWLY. WE CRAFT POLICY PROPOSALS, EDUCATE POLICYMAKERS, MOBILIZE OUR MEMBERSHIP AND NETWORKS, BUILD AND LEVERAGE COALITIONS, GENERATE MEDIA COVERAGE, LITIGATE WHEN NECESSARY, AND SUPPORT IMPLEMENTATION. HIGHLIGHTS FROM THE PAST YEAR:- CRAFTING MODEL POLICY PROPOSALS TO END ARRESTS, PROSECUTIONS, AND INCARCERATION- ADVANCING POLICING REFORMS AT THE MUNICIPAL LEVEL AND DRUG POSSESSION DEFELONIZATION AT THE STATE LEVEL- BLOCKING MISGUIDED POLICY PROPOSALS SEEKING TO INCREASE PUNISHMENTS- PROMOTING MEDICATION-ASSISTED TREATMENT IN JAILS AND PRISONS- BUILDING SUPPORT TO REMOVE BARRIERS TO MEDICATION-ASSISTED TREATMENT MORE BROADLY, PARTICULARLY AS ACCESS BECAME FURTHER RESTRICTED BY THE COVID-19 PANDEMIC- ADVANCING SUPERVISED CONSUMPTION SERVICES (ALSO KNOWN AS SAFER INJECTION FACILITIES) AND SUCCESSFULLY BLOCKING A FEDERAL ATTEMPT TO PREVENT SUCH A SERVICE OPENING- ADVANCING ACCESS TO NALOXONE TO PREVENT OVERDOSE DEATHS, AND SYRINGE ACCESS PROGRAMS TO PREVENT THE SPREAD OF HIV/AIDS AND PROVIDE HELP TO PEOPLE WHO USE DRUGS- ADVANCING A BILL THAT WOULD DE-SCHEDULE CANNABIS AT THE FEDERAL LEVEL, EXPUNGE CRIMINAL RECORDS, AND BEGIN TO REPAIR THE HARMS OF PROHIBITION IN THE COMMUNITIES WHERE IT HAS BEEN MOST VICIOUSLY ENFORCED- ADVANCING POLICY PROPOSALS TO LEGALIZE CANNABIS IN SELECT STATES - SUPPORTING A NATIONAL COALITION OF ORGANIZATIONS FIGHTING TO INCREASE EDUCATIONAL ACCESS FOR PEOPLE WITH CRIMINAL CONVICTIONS

Form 990, Part III, Line 4b:

EMPOWERING PUBLIC HEALTH APPROACHES: DRUG POLICY ALLIANCE (DPA) FUNDS AND PARTNERS WITH STATE-BASED, CONSTITUENCY-BASED, SINGLE-ISSUE, AND SMALLER NATIONAL ORGANIZATIONS. WE DISBURSE ROUGHLY \$900,000 TO 40+ ORGANIZATIONS ANNUALLY THROUGH OUR GRANTS PROGRAM AND PROVIDE TECHNICAL ASSISTANCE TO OUR NETWORK OF FUNDED PARTNERS. WE ALSO FORM ALLIANCES WITH NON-DRUG POLICY GROUPS ON SPECIFIC SHARED PRIORITIES, FACILITATE REGIONAL CONNECTIONS AMONG ALLIES, ENGAGE PROMINENT ORGANIZATIONS ACROSS THE POLITICAL SPECTRUM, AND CULTIVATE TARGETED CONSTITUENCIES. EVERY OTHER YEAR WE HOST THE INTERNATIONAL DRUG POLICY REFORM CONFERENCE, THE PREMIER GATHERING OF THE REFORM MOVEMENT (THIS HAS BEEN TEMPORARILY SUSPENDED SINCE DUE TO THE COVID-19 PANDEMIC). HIGHLIGHTS FROM THE PAST YEAR: - SUPPORTED 39 ORGANIZATIONS THROUGH OUR ADVOCACY GRANTS PROGRAM- SUPPORTED 4 ORGANIZATIONS THROUGH OUR SPECIAL OPPORTUNITIES GRANTS PROGRAM- SHARED OUR EXPERTISE WITH COALITIONS AND OTHER ORGANIZATIONS WORKING TO DECARCERATE PRISONS AND JAILS, REFORM BAIL PRACTICES, ADDRESS POLICING, ADVANCE AN ANTI-RACISM AGENDA, END CRIMMIGRATION PRACTICES, AND MORE..

Form 990, Part III, Line 4c:

ENDING CANNABIS PROHIBITION:DRUG POLICY ALLIANCE (DPA) SHIFTS THE NARRATIVE ON DRUGS AND PROHIBITION AND USES COMMUNICATIONS TOOLS TO ADVANCE OUR CAMPAIGNS AND THOSE OF OUR ALLIES. WE DISSEMINATE FACTS AND TELL THE STORIES OF PEOPLE MOST AFFECTED. WE GENERATE EARNED MEDIA AND ENGAGE MILLIONS OF PEOPLE DIRECTLY WITH ORIGINAL CONTENT THROUGH OUR SOCIAL MEDIA PROPERTIES. WE ALSO PRODUCE ORIGINAL REPORTS ON SPECIFIC ISSUES AND PARTNER WITH SCHOLARS TO PROMOTE EVIDENCE-BASED PRACTICES, WHICH IS EVER MORE IMPORTANT IN THIS ANTI-SCIENCE POLITICAL MOMENT.HIGHLIGHTS FROM THE PAST YEAR:- LAUNCHING "UPROOTING THE DRUG WAR", A SERIES OF REPORTS, WEBINARS, AND AN INTERACTIVE WEBSITE THAT AIM TO EXPOSE THE IMPACT OF THE WAR ON DRUGS BEYOND ARREST AND INCARCERATION- RUNNING A SEVEN-PART DISCUSSION SERIES ON COVID-19 AND DRUG POLICY, BRINGING TOGETHER ADVOCATES AND ALLIES IN THE JUSTICE REFORM MOVEMENT TO DISCUSS HOW TO SUSTAIN PROGRESS, WHICH OBSTACLES STILL REMAIN, AND HOW TO USE THE MOMENT TO BE MORE ASPIRATIONAL WITH OUR POLICY AGENDAS- GENERATING MEDIA COVERAGE OF OUR ISSUES AND CAMPAIGN AND EDUCATING OUR MEMBERS THROUGH SOCIAL MEDIA AND OTHER CREATIVE COMMUNICATIONS CAMPAIGNS- RESPONDING IN THE PRESS TO THE MISUSE OF RESEARCH THAT UNDERMINES REFORM- DISSEMINATING "SAFETY FIRST: REAL DRUG EDUCATION FOR TEENS," A FIRST-OF-ITS-KIND HARM REDUCTION-BASED DRUG EDUCATION CURRICULUM FOR YOUNG PEOPLE, AND ADAPTING THE CURRICULUM FOR DISTANCE LEARNING DURING THE PANDEMIC- PRODUCING AND DISSEMINATING AN ARRAY OF FACT SHEETS, PODCASTS, AND OTHER MEDIA ABOUT DRUGS AND DRUG POLICY ISSUES

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code:) (Expenses \$ 2,547,511 including grants of \$ 23,500) (Revenue \$)

OTHER PROGRAM SERVICES INCLUDE- CONFERENCES AND SPECIAL PROJECTS.

(Code:) (Expenses \$ including grants of \$) (Revenue \$ 119,053)

THE ORGANIZATION HAS A SERVICES AGREEMENT WITH DRUG POLICY ACTION, A RELATED ORGANIZATION.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
DRUG POLICY ALLIANCE

Employer identification number
52-1516692

Part I 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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	12,589,889	9,497,864	13,058,914	15,147,738	16,406,443	66,700,848
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	12,589,889	9,497,864	13,058,914	15,147,738	16,406,443	66,700,848
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)						26,131,266
6	Public support. Subtract line 5 from line 4.						40,569,582

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4.	12,589,889	9,497,864	13,058,914	15,147,738	16,406,443	66,700,848
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	25,793	24,659	32,295	27,073	47,953	157,773
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	33,941		12,614,170	43,148	2,495	12,693,754
11	Total support. Add lines 7 through 10						79,552,375

12 Gross receipts from related activities, etc. (see instructions) **12** 1,128,186

13 **First 5 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

14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	51.000 %
15	Public support percentage for 2019 Schedule A, Part II, line 14	15	55.180 %

16a **33 1/3% support test—2020.** 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 ▶

b **33 1/3% support test—2019.** 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 ▶

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2016 AMOUNT: \$ 4,719. 2018 AMOUNT: \$ 1,003. 2019 AMOUNT: \$ 5,148. 2020 AMOUNT: \$ 55. REFORM CONF REIMBURSEMENT - 2016 AMOUNT: \$ 29,222. LOAN FORGIVENESS - 2018 AMOUNT: \$ 12,613,167. SETTLEMENT INCOME - 2019 AMOUNT: \$ 28,000. REFUND - 2019 AMOUNT: \$ 10,000 . 2020 AMOUNT: \$ 2,440.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020
Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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-.
1				
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

(a) Filing organization's totals	(b) Affiliated group totals
78,500	
326,084	
404,584	
8,820,263	
9,224,847	
611,242	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-

152,811
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? Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	840,449	779,995	711,035	611,242	2,942,721
b Lobbying ceiling amount (150% of line 2a, column(e))					4,414,082
c Total lobbying expenditures	444,752	420,208	661,122	404,584	1,930,666
d Grassroots nontaxable amount	210,112	194,999	177,759	152,811	735,681
e Grassroots ceiling amount (150% of line 2d, column (e))					1,103,522
f Grassroots lobbying expenditures	16,274	13,986	340,282	78,500	449,042

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization DRUG POLICY ALLIANCE

Employer identification number 52-1516692

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting on revenue and assets.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,340,092	703,800	3,636,292
c Leasehold improvements		887,814	271,100	616,714
d Equipment		1,010,218	890,493	119,725
e Other		49,910		49,910
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				4,422,641

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYCHECK PROTECTION PROGRAM LOAN	2,207,400
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	2,207,400

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	16,589,981
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	6,181	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	38,405	
e	Add lines 2a through 2d			2e 44,586
3	Subtract line 2e from line 1			3 16,545,395
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 16,545,395

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	10,941,293
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	57,854	
e	Add lines 2a through 2d			2e 57,854
3	Subtract line 2e from line 1			3 10,883,439
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b			4c 0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 10,883,439

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 52-1516692

Name: DRUG POLICY ALLIANCE

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	DPA RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT DPA HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. DPA IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR THE PERIODS PRIOR TO 2018.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RECLASS OF RENTAL EXPENSES TO PART VIII 38,405.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	LOSS ON UNCOLLECTIBLE PLEDGE 19,449. RECLASS OF RENTAL EXPENSES TO PART VIII 38,405.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization
DRUG POLICY ALLIANCE

Employer identification number
52-1516692

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 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			
FAIRCOM NEW YORK INC 12 WEST 27TH STREET 13TH FL NEW YORK, NY 10001	CAMPAIGN MANAGEMENT AND STRATEGIC PLANNING		No	822,268	201,153	621,115
RMZ HOLDINGS LLC 1012 14TH STREET NW SUITE 575 WASHINGTON, DC 20005	FUNDRAISING/STRATEGIC PLANNING		No	0	25,000	-25,000
Total				822,268	226,153	596,115

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

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

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

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

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		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. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	FAIRCORN NEW YORK, INC. WAS RETAINED FOR THE CHARITABLE PURPOSE OF FUNDRAISING SOLICITATION THROUGH DIRECT MAILING TO ASSIST IN BROADENING THE PUBLIC DEBATE ON DRUG POLICY, AND TO PROMOTE REALISTIC ALTERNATIVES TO THE WAR ON DRUGS BASED ON SCIENCE, COMPASSION, PUBLIC HEALTH AND HUMAN RIGHTS. THE AGREEMENT PROVIDES FOR THE PAYMENT OF FEES FOR FUNDRAISING SERVICES OF \$9,500 PER MONTH. PRODUCTION COSTS AND OUT-OF-POCKET EXPENSES ARE INVOICED IN ADDITION TO THE FUNDRAISING SERVICES FEE. ANY EXPENSES EXCEEDING FIVE HUNDRED DOLLARS MUST BE APPROVED IN WRITING BY THE ORGANIZATION. RMZ HOLDINGS, LLC D/B/A KG CONSULTING WAS RETAINED TO DEVELOP A FUNDRAISING PLAN TO SUPPORT THE ORGNAIZATION'S NEW STRATEGIC PLAN, AND TO BUILD A COHERENT AND COMPELLING CASE FOR SUPPORT ACROSS A BROAD CROSS-SECTION OF FUNDERS. THE AGREEMENT PROVIDES FOR THE PAYMENT FOR SERVICES OF \$25,000 AS WELL AS THE REIMBURSEMENT OF EXPENSES IF PRE-APPROVED IN WRITING BY THE ORGANIZATION.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization DRUG POLICY ALLIANCE

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 44
3 Enter total number of other organizations listed in the line 1 table 0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	<p>DPA'S ADVOCACY GRANTS PROGRAM IS DIVIDED INTO TWO DISTINCT FUNDING POOLS, THE ANNUAL PROMOTING POLICY CHANGE PROGRAM (PPC), WHICH GRANTS ROUGHLY \$785,000 OVER THE COURSE OF THE FISCAL YEAR; AND THE MONTHLY SPECIAL OPPORTUNITIES PROGRAM, WHICH HAS THE CAPACITY TO GRANT \$100,000 OVER THE SAME PERIOD. THE GRANTS PROGRAM IS PROMOTED THROUGH DPA'S WEB SITE, OTHER DRUG POLICY WEBSITES, CONFERENCES, AND WEBINARS AND BY DPA STAFF IN ALL STATES WHERE DPA HAS A PRESENCE. GRANTS ARE OVERWHELMINGLY MADE TO ORGANIZATIONS THAT HAVE ACHIEVED 501(C)(3) STATUS AND THAT ORGANIZE AND CONDUCT PUBLIC EDUCATION CAMPAIGNS ALIGNED WITH OUR PRIMARY EXEMPT PURPOSE. ALL APPLICANTS ARE REQUIRED TO SUBMIT A PROJECT PROPOSAL; MOST CURRENT IRS FORM 990; AUDITED FINANCIAL STATEMENTS; LIST OF BOARD MEMBERS; KEY STAFF RESUMES; 501(C)(3) IRS EXEMPT LETTER. APPLICANT ORGANIZATIONS THAT HAVE NOT RECEIVED THEIR 501(C)(3) EXEMPT LETTER NEED TO APPLY THROUGH A FISCAL SPONSOR WITH 501(C)(3) STATUS. THE PROGRAM IS MANAGED BY TWO FULL-TIME STAFFERS WHO REVIEW ALL APPLICATIONS AND CONSULT HEAVILY WITH DPA STAFF KNOWLEDGEABLE ON THE ISSUES AND THE APPLICANT ORGANIZATIONS, COMMUNITY LEADERS AND OTHER DRUG POLICY REFORM EXPERTS. AFTER THEIR INTERNAL REVIEW, THE STAFF PRESENTS THE APPLICATIONS AND THEIR RECOMMENDATIONS TO A SIX-PERSON REVIEW COMMITTEE COMPRISED OF DPA BOARD MEMBERS, COMMUNITY LEADERS, AND DPA'S EXECUTIVE DIRECTOR. THE COMMITTEE IS ULTIMATELY RESPONSIBLE FOR MAKING AWARD DECISIONS. THE PROGRAM STAFF MAINTAINS COMMUNICATION WITH THE GRANTEE THROUGHOUT THE YEAR, AND THE GRANT RECIPIENT ORGANIZATIONS ATTEND AN ANNUAL PARTNERS MEETING AND QUARTERLY PARTNERS CALLS TO DISCUSS THEIR PROJECTS AND OUTCOMES. AT THE END OF THE GRANT CYCLE, ALL GRANTEE SUBMIT A FINAL NARRATIVE AND EXPENDITURE REPORT.</p>

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A NEW PATH 2527 DOUBLETREE ROAD SPRING VALLEY, CA 91978	33-0883927	501(C)3	25,000				TO SPEAK OUT ABOUT THE FAILED DRUG WAR, DEVELOPING LEADERSHIP WITH PARENTS DIRECTLY IMPACTED BY LOSS OF OVERDOSE
A NEW WAY OF LIFE REENTRY PROJECT 9512 SOUTH CENTRAL AVENUE LOS ANGELES, CA 90002	95-4782503	501(C)3	25,000				TO ENGAGE IN STATEWIDE/NATIONAL CRIMINAL JUSTICE ADVOCACY, BRINGING ATTENTION TO THE WAR ON DRUGS VICTIMIZATION OF WOMEN AND GIRLS.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ATLANTA HARM REDUCTION COALITION P O BOX 92670 ATLANTA, GA 30314	58-2227958	501(C)3	15,000				TO IMPROVE HIV/AIDS AND HCV PUBLIC POLICY THROUGH ADVOCACY AND SYRINGE EXCHANGE DIRECT SERVICE ACTIVITIES.
BROTHERHOOD SISTER SOLINC 140 HAMILTON PLACE NEW YORK, NY 10031	13-3857387	501(C)3	12,000				TO PROVIDE EDUCATION AND AWARENESS ON THE CURRENT LOCAL, STATE, AND FEDERAL LEGISLATION AROUND DRUG POLICY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 (CSAM) 575 MARKET STREET SAN FRANCISCO, CA 94105	23-7364605	501(C)3	15,000				TO ADVOCATE IN THE STATEHOUSE FOR PROPER USE OF MARIJUANA TAX REVENUES; DEVELOP APPROPRIATE YOUTH SERVICES; ONE DAY WORKING CONFERENCE.
CENTER FOR LIVING AND LEARNING 14549 ARCHWOOD ST 221 VAN NUYS, CA 91405	95-4406897	501(C)3	20,000				HARM REDUCTION SERVICES IN PREPARATION FOR THE DE-CRIM BALLOT MEASURE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CHICAGO URBAN LEAGUE 4510 S MICHIGAN AVENUE CHICAGO, IL 60653	36-2225483	501(C)3	30,000				TO ADVANCE VARIOUS HARM REDUCTION POLICIES
COLORADO NON PROFIT DEVELOPMENT CENTER C/O HARM REDUCTION ACTION CENTER 231 E COLFAX AVE DENVER, CO 80203	84-1493585	501(C)3	20,000				TO IMPLEMENT A DENVER SUPERVISED DRUG USE SITE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
DANCESAFE 12081 W ALAMEDA PKWY442 LAKEWOOD, CO 80228	94-3365608	501(C)3	15,000				TO HELP STATE ADVOCATES REFORM PARAPHERNALIA LAWS AND LEGALIZE DRUG CHECKING TOOLS
DRCNET FOUNDATION INC 641 HOUSTON AVE 302 TAKOMA PARK, MD 20912	52-2034867	501(C)3	10,000				TO CONTINUE DRUG WAR CHRONICLE; CONTINUE OUR UN AND HUMAN RIGHTS PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
DRUG POLICY FORUM OF HAWAII INC POBOX 83 HONOLULU, HI 96810	94-3263242	501(C)3	15,000				TO UNDERWRITE PUBLIC EDUCATION EXPENSES, INCLUDING WEBINARS, AND TO HELP UNDERWRITE OUR PART-TIME ORGANIZER POSITION.
DRUG POLICY FORUM OF TEXAS C/O DRUG TRUTH NETWORK 9639 RAILTON STREET HOUSTON, TX 77080	76-0514790	501(C)3	10,000				LARGE CONSORTIUM OF DRUG POLICY EXPERTS AS INTERVIEWS FOR THREE LONGSTANDING RADIO SHOWS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EL PUNTO EN LA MONTANA 1020 GRAND CONCOURSE 21-S BRONX, NY 10451	66-0714669	501(C)3	25,000				SUPPORT FOR STAFFING AND SUPPLIES IN OUR OVERDOSE PREVENTION EFFORTS IN 6 MUNICIPALITIES
EVERGREEN HEALTH 206 S ELMWOOD AVENUE BUFFALO, NY 14201	16-1202971	501(C)3	20,000				TO SUPPORT COMMUNITY AND PROVIDER-FOCUSED EDUCATIONAL EVENTS THAT PROMOTE DRUG POLICY REFORM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EXPONENTS INC C/O NEW YORK STATE HARM REDUCTION ASSOCIATION 17 BATTERY PLACE 8TH FL NEW YORK, NY 10004	13-3572677	501(C)3	15,000				TO CONTINUE DEVELOPMENT AND FORMATION; GROW MEMBERSHIP, HOLD VIRTUAL TOWN HALLS AND UPSTATE/DOWNSTATE RECEPTIONS
FUSION PARTNERSHIP INC C/O BALTIMORE HARM REDUCTION COALITION BALTIMORE, MD 21202	52-2148413	501(C)3	20,000				SUPPORT FOR THE GROWTH OF OUR STATEWIDE ADVOCACY FOR HARM REDUCTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HEALTH EQUITY ALLIANCE 304 HANCOCK STREET SUITE 3B BANGOR, ME 04401	01-0441229	501(C)3	15,000				HELP FURTHER BUILD AND MAINTAIN HEALS ADVOCACY AND ORGANIZING EFFORTS TO END THE WAR ON DRUGS
HIPS 906 H STREET NE NE WASHINGTON, DC 20002	45-3164250	501(C)3	25,000				SUPPORT COMMUNITY ORGANIZING WORK WITH DRUG USERS; CREATE EDUCATIONAL CAMPAIGNS/EVENTS.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HIV EDUCATION AND PREVENTION PROJECT OF ALAMEDA COUNTY C/O TEXAS HARM REDUCTION ALLIANCE 1909 E 38TH 1/2 ST SUITE C AUSTIN, TX 78723	94-3205535	501(C)3	20,000				BUILD HARM REDUCTION MOVEMENT IN TEXAS TO ADVANCE LOCAL/STATE LEVEL HARM REDUCTION AND DECRIM POLICIES.
INDEPENDENT MEDIA INSTITUTE 18 WEST 21ST STREET NEW YORK, NY 10010	52-1309876	501(C)3	10,000				EDUCATE THE PUBLIC THROUGH DIGITAL MEDIA OUTLETS ON LEADING ISSUES FACING THE NATIONAL DRUG REFORM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 21ST CENTURY P O BOX 5119 PITTSBURGH, PA 15206	30-0186895	501(C)3	25,000				SUPPORT ORGANIZING PUBLIC EDUCATION INITIATIVES THROUGH ITS FOUR CITY JUSTICE COLLABORATIVES
INTERCAMBIOS PUERTO RICO 165 CALLE DIEGO ZALDUONDO ALTOS FAJARDO, PR 00738	66-0731885	501(C)3	20,000				CREATE A MORE DRUG USER HEALTH & RIGHTS-FOCUSED CAMPAIGN AIMED FOR DECRIMINALIZING DRUG USERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
INTERFAITH MOVEMENT FOR HUMAN INTEGRITY ATTN REV DEBORAH LEE OAKLAND, CA 94607	91-2076672	501(C)3	20,000				BUILD LEADERSHIP OF PEOPLE AFFECTED BY THE WAR ON DRUGS AND MEMBERS OF AFRICAN-AMERICAN AND ALLIED CONGREGATIONS
LATINO JUSTICE PRLDEF 475 RIVERSIDE DRIVE NEW YORK, NY 10115	13-2722664	501(C)3	25,000				CONTINUE OUR COMMUNICATIONS AND ADVOCACY WORK TO PROMOTE AN END TO THE FAILED WAR ON DRUGS

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

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LEGAL SERVICES FOR PRISONERS W CHILDREN 4400 MARKET STREET OAKLAND, CA 94608	94-3080408	501(C)3	25,000				PROMOTE THE LEADERSHIP OF FORMERLY INCARCERATED INDIVIDUALS THROUGH OUR ELDER FREEMAN POLICY FELLOWSHIP PROGRAM
LITTLE GLOBE INC P O BOX 24213 SANTA FE, NM 87502	27-0118569	501(C)3	25,000				CREATE DOCUMENTARY FILMS AND STORIES TO ADVANCE THE DECRIMINALIZATION OF DRUG USE

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

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NEW YORK ACADEMY OF MEDICINE 1216 FIFTH AVENUE NEW YORK, NY 10029	13-1656674	501(C)3	8,000				FOCUS ON THE IMPACTS OF COVID-19 ON PEOPLE WHO USE DRUGS
PARTNERSHIP FOR SAFETY & JUSTICE ATTN ANDY KO PORTLAND, OR 97232	93-1277774	501(C)3	15,000				SUPPORT THE IP44 CAMPAIGN AND IMPLEMENTATION THROUGH OREGONS 2021 LEGISLATIVE SESSION.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PEOPLE'S HARM REDUCTION ALLIANCE 1415 NE 43RD STREET SEATTLE, WA 98105	35-2307112	501(C)3	10,000				TO BOLSTER SAFER SMOKING ADVOCACY AND ACCESS THROUGHOUT COMMUNITIES NATIONALLY
PROTECT FAMILIES FIRST 11 ALMY STREET PROVIDENCE, RI 02909	46-0545147	501(C)3	15,000				TO CONTINUE OUR DEFELONIZATION CAMPAIGN; ADVOCATE FOR A SAFE CONSUMPTION SITE; STATEWIDE CANNABIS LEGALIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PUBLIC DEFENDER ASSOCIATION 110 PREFONTAINE PLACE SOUTH SEATTLE, WA 98104	91-0852323	501(C)3	20,000				WORK WITH SYRINGE EXCHANGES, HEALTHCARE PROVIDERS, AND DIRECTLY IMPACTED PEOPLE ACROSS WASHINGTON STATE
SALVATION AND SOCIAL JUSTICE 320 COURTLAND STREET WOODBURY, NJ 08096	83-1019858	501(C)3	25,000				MONITOR THE REGULATIONS AND DEVELOPMENT OF THE CANNABIS COMMISSION; EDUCATE THE PUBLIC IN NJ ABOUT DRUG DECRIMINALIZATION.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMUEL DEWITT PROCTOR CONFERENCE INC 4533 S LAKE PARK AVE CHICAGO, IL 60653	06-1707903	501(C)3	20,000				VIRTUAL EDUCATION AND ADVOCACY CAPACITY TO EQUIP OUR NETWORK TO INFLUENCE DRUG POLICY REFORM.
SAN FRANCISCO DRUG USERS UNION 170 TURK STREET SAN FRANCISCO, CA 94102	46-5106485	501(C)3	40,000				TO TEACH ADVOCACY AND EMPLOYMENT FOR OUR COMMUNITY OF DRUG USERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SOCIAL AND ENVIROMENTAL ENTREPRENEURS C/O MOVEMENT FOR FAMILY POWER 1207 F STREET NE WASHINGTON, DC 20002	95-4116679	501(C)3	20,000				TO CONTINUE A CAMPAIGN TO RAISE AWARENESS OF THE INJUSTICE OF DRUG TESTING AT BIRTH AND THE FEEDING OF CHILDREN INTO THE FOSTER SYSTEM
SOCIAL GOOD FUND C/O THE HOOD INCUBATOR 22 DEERING COURT OAKLAND, CA 94601	46-1323531	501(C)3	20,000				POLICY AND ORGANIZING WORK, E.G. NATIONAL AFFILIATES & COALITION-BUILDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SOUTHERNERS ON NEW GROUND C/O BLACK FUTURISTS GROUP 1489 ASHLEY WAY ATLANTA, GA 30344	61-1274170	501(C)3	20,000				CONTINUE TO DEVELOP & ADVANCE EQUITABLE CANNABIS POLICY IN GEORGIA
TEXAS CRIMINAL JUSTICE COALITION 1714 FORTVIEW ROAD SUITE 104 AUSTIN, TX 78704	74-2969471	501(C)3	20,000				REDUCE POLICE SATURATION IN TARGETED COMMUNITIES, PROMOTE NON-PROSECUTION OF DRUG USE, FUND STRATEGIES THAT PREVENT INCARCERATION

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

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THE ORDINARY PEOPLE SOCIETY (TOPS) 403 WEST POWELL STREET DOTHAN, AL 36303	82-0587071	501(C)3	25,000				TO PROVIDE CONTINUED GENERAL SUPPORT OF TOPS AND ITS FOUNDER PASTOR KENNETH GLASGOW, AT A TIME WHEN BOTH THE ORGANIZATION, ITS FOUNDER, AND THE RESOURCES AND CAPACITY REQUIRED TO CONTINUE THE WORK OF FIGHTING THE DRUG WAR IN THE DEEP SOUTH ARE UNDER THE MOST SERIOUS THREAT.
TRUTH PHARM PO BOX 424 BINGHAMTON, NY 13902	81-0718278	501(C)3	30,000				TO BUILD OUR CAPACITY AND ABILITY TO RESPOND TO THE ADVOCACY NEEDS LOCALLY AND AT THE STATE LEVEL. TO ENSURE WE DONT LOSE GROUND AND CONTINUE THE MOMENTUM FOR CHANGE IN OUR REGION TO REDUCE RACISM, INCARCERATION AND TO END THE DRUG WAR.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNITE OREGON 1390 SE 122ND AVE PORTLAND, OR 97233	74-3098100	501(C)3	20,350				TO BETTER TREATMENT CAMPAIGN
VOCAL-NY 80A FOURTH AVENUE BROOKLYN, NY 11217	13-4094385	501(C)3	52,500				TO CAMPAIGN FOR THE FOLLOWING DRUG POLICY REFORMS: UNIVERSAL ACCESS TO HARM REDUCTION TOOLS, UNIVERSAL ACCESS TO MEDICATION ASSISTED TREATMENT (MAT), AND SECURING CRITICAL RESOURCES AND WINNING LEGISLATION FOR VULNERABLE POPULATIONS DURING COVID-19 AND GALA SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAM C VELAZQUEZ INSTITUTE 2914 N MAIN STREET LOS ANGELES, CA 90031	74-2378901	501(C)3	25,000				TO INCORPORATE HARM REDUCTION, TREATING DRUG USE AS A HEALTH ISSUE, INSTEAD OF A CRIMINAL ONE. AS DESCRIBED BY DPA AS A MORE SUCCESSFUL MODEL FOR KEEPING COMMUNITIES HEALTHY AND SAFE, WHICH IS KEY TO WCVIS MISSION.
WOMEN WITH A VISION 1226 N BROAD STREET NEW ORLEANS, LA 70119	72-1202185	501(C)3	20,000				TO CONTINUE CURRENT DRUG POLICY ADVOCACY EFFORTS.

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" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
DRUG POLICY ALLIANCE

Employer identification number
52-1516692

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c 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>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RICHARD BURNS INTERIM EXECUTIVE DIRECTOR UNTIL SEPT 2020	(i)	216,000	0	0	0	0	216,000	0
	(ii)	0	0	0	0	0	0	0
2 KASSANDRA FREDERIQUE MD POLICY UNTIL SEPT 2020/EXECUTIVE DIRECTOR	(i)	176,675	0	150	16,313	15,642	208,780	0
	(ii)	0	0	0	0	0	0	0
3 ELLEN FLENNIKEN MANAGING DIRECTOR, DEVELOPMENT	(i)	141,797	0	144	15,500	46,963	204,404	0
	(ii)	0	0	0	0	0	0	0
4 EMILY KALTENBACH SENIOR DIRECTOR, CRIMINAL LEGAL & POLICING	(i)	135,205	0	270	12,929	44,242	192,646	0
	(ii)	0	0	0	0	0	0	0
5 THESHIA NAIDOO LEGAL DIRECTOR, LEGAL AFFAIRS	(i)	152,552	0	270	14,895	7,593	175,310	0
	(ii)	0	0	0	0	0	0	0
6 JULIE NETHERLAND MANAGING DIRECTOR, DRAE	(i)	143,493	0	414	7,424	15,777	167,108	0
	(ii)	0	0	0	0	0	0	0
7 STEFANIE JONES INTERIM MANAGING DIRECTOR, COMMS	(i)	136,654	0	169	13,571	5,968	156,362	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Name of the organization
DRUG POLICY ALLIANCE

Employer identification number

52-1516692

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	<p>IT IS THE BASIS FOR DEPRIVING HUNDREDS OF THOUSANDS OF AMERICANS OF THE RIGHT TO VOTE. IT IS THE CAUSE FOR DEPORTATION OF TENS OF THOUSANDS OF PEOPLE EACH YEAR. IT DOES NOTHING TO PREVENT DRUG OVERDOSE DEATHS OR OTHER NEGATIVE CONSEQUENCES OF DRUG MISUSE BUT INSTEAD EXACERBATES THESE VERY REAL PROBLEMS. AND IT FUELS PREJUDICE AGAINST PEOPLE WHO USE DRUGS, ENABLING AND ENCOURAGING THEIR DEHUMANIZATION. DPA 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; AND IN WHICH THE FEARS, PREJUDICES, AND PUNITIVE PROHIBITIONS OF TODAY ARE NO MORE. OUR MISSION IS TO ADVANCE THOSE POLICIES AND ATTITUDES THAT BEST REDUCE THE HARMS OF BOTH DRUG USE AND DRUG PROHIBITION, AND TO PROMOTE THE SOVEREIGNTY OF INDIVIDUALS OVER THEIR MINDS AND BODIES. FO UNDED IN 2000, TODAY WE HAVE 36 STAFF, 12,000 MEMBERS, 175,000 SUBSCRIBERS TO OUR ONLINE C OMMUNICATIONS, AND A GROWING TRACK RECORD OF SUCCESS AT THE MUNICIPAL, STATE, AND FEDERAL LEVELS. WHILE OUR WORK ADDRESSES THE WIDE RANGE OF SOCIAL, POLITICAL, AND ECONOMIC ISSUES TOUCHED BY THE WAR ON DRUGS, NEARLY ALL OUR EFFORTS FALL UNDER THREE SUBSTANTIVE ISSUE ARE AS: 1) REFORMING THE CRIMINAL JUSTICE SYSTEM. THE WAR ON DRUGS IS A PRINCIPAL FACTOR DRIVING MASS CRIMINALIZATION AND A MAJOR CONTRIBUTOR TO THE UNPRECEDENTED RATE OF INCARCERATION IN THE U.S. SIMPLE DRUG POSSESSION IS BY FAR THE MOST ARRESTED OFFENSE IN THE COUNTRY, WITH OVER ONE MILLION ARRESTS IN 2020 ALONE. DPA SEEKS TO REDUCE THE NUMBER OF PEOPLE ARRESTED, CONVICTED, INCARCERATED, AND OTHERWISE PUNISHED FOR DRUG OFFENSES; TO ADDRESS THE PROFOUND RACISM IN THE CRIMINAL JUSTICE SYSTEM; AND TO OVERHAUL POLICIES THAT SUPPORT THE DRUG WAR, SUCH AS CIVIL ASSET FORFEITURE. 2) EMPOWERING PUBLIC HEALTH APPROACHES. THE DRUG WAR TREATS DRUG USE PRIMARILY AS A CRIMINAL PROBLEM RATHER THAN A HEALTH ISSUE, CAUSING UNNECESSARY DEATH, DISEASE, AND SUFFERING. MORE THAN 100,000 PEOPLE DIED OF AN OVERDOSE DURING THE 12 MONTHS ENDING IN APRIL 2021, MAKING IT THE LEADING CAUSE OF ACCIDENTAL DEATH IN THE COUNTRY. DPA ADVOCATES HARM REDUCTION POLICIES AND EVIDENCE-BASED PUBLIC HEALTH INTERVENTIONS TO MINIMIZE THE NEGATIVE HEALTH CONSEQUENCES OF DRUGS, SUCH AS OVERDOSE FATALITIES, HIV/AIDS, HEPATITIS C, AND SUBSTANCE USE DISORDERS, AND TO PROVIDE ALTERNATIVE MODELS TO CRIMINALIZATION. 3) ENDING CANNABIS PROHIBITION. CANNABIS PROHIBITION IS AT THE HEART OF THE DRUG WAR, DIRECTLY HARMING MORE LIVES THAN ANY OTHER SINGLE DRUG POLICY. EVEN THOUGH MANY STATES HAVE CREATED LEGAL MARKETS, THERE WERE MORE THAN 317,000 ARRESTS FOR CANNABIS POSSESSION IN 2020. THE CONSEQUENCES OF AN ARREST CAN BE SEVERE, LEADING TO LOSS OF EMPLOYMENT, HOUSING, PARENTAL RIGHTS, IMMIGRATION STATUS, AND FINANCIAL AID. DPA PROMOTES SENSIBLE POLICIES TO REDUCE THE NUMBER OF ARRESTS AND TO LEGALLY REGULATE CANNABIS FOR MEDICAL AND ADULT-USE PURPOSES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	DRUG POLICY ALLIANCE ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE FORM 990. THE FORM 990 IS PROVIDED AND PRESENTED TO DRUG POLICY ALLIANCE'S AUDIT & FINANCE COMMITTEE, AFTER DRUG POLICY ALLIANCE'S CHIEF OPERATING OFFICER'S REVIEW. ONCE ANY QUESTIONS OR CONCERNS ARE ADDRESSED, THE FORM 990 IS THEN SENT TO THE FULL BOARD BY EMAIL FOR THEIR REVIEW. ANY QUESTIONS FROM BOARD MEMBERS ARE DIRECTED BY THE BOARD PRESIDENT TO STAFF OR TO THE ACCOUNTING FIRM, AS APPROPRIATE. ONCE ALL QUESTIONS FROM THE BOARD ARE SATISFACTORILY RESOLVED, THE FORM 990 IS THEN FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>DRUG POLICY ALLIANCE CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY THAT APPLIES TO ANY BOARD MEMBER OR OFFICER. EACH BOARD MEMBER AND OFFICER MUST ANNUALLY SIGN AND SUBMIT TO THE EXECUTIVE DIRECTOR A STATEMENT WHICH AFFIRMS SUCH PERSON: (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, (B) HAS READ AND UNDERSTANDS THE CONFLICT OF INTEREST POLICY, AND (C) HAS AGREED TO COMPLY WITH THE POLICY. IF A POTENTIAL OR ACTUAL CONFLICT IS DISCLOSED AT ANY TIME, THE AUDIT & FINANCE COMMITTEE WILL REVIEW THE MATERIAL FACTS AND CIRCUMSTANCES. IF IT IS ESTABLISHED THAT AN ACTUAL CONFLICT EXISTS, THE INDIVIDUAL WILL BE NOTIFIED IMMEDIATELY AND WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY DISCUSSIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT UNTIL THE CONFLICT IS RESOLVED. AT THE REQUEST OF THE AUDIT & FINANCE COMMITTEE, THE INTERESTED PERSON MAY PROVIDE INFORMATION REGARDING THE TRANSACTION PRIOR TO THE DELIBERATIONS OF THE BOARD. ANY DISCUSSION REGARDING THE CONFLICT OF INTEREST TRANSACTION IS DOCUMENTED IN THE MINUTES OF THE BOARD MEETINGS. THE MINUTES OF THE BOARD MEETING SHALL REFLECT THE CONFLICT OF INTEREST THAT WAS DISCLOSED, THE NAME OF THE INTERESTED PERSON, AND FINAL DISCUSSION ON THE CONFLICT OF INTEREST TRANSACTION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ANNUALLY DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR BASED ON HER BACKGROUND AND EXPERIENCE, EDUCATION AND TRAINING, AND COMPETENCIES. IN DETERMINING THE EXECUTIVE DIRECTOR'S COMPENSATION, THE EXECUTIVE COMMITTEE CONSULTED AVAILABLE COMPENSATION SURVEYS, INCLUDING THOSE PUBLISHED BY NONPROFIT NEW YORK AND THE NEW YORK COUNCIL OF NONPROFITS. THE COMPENSATION DECISION DOCUMENTED IN THE RECORDS OF THE ORGANIZATION. THIS PROCESS WAS LAST COMPLETED IN FISCAL YEAR 2021.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE, AS WELL AS GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	LOSS ON UNCOLLECTIBLE PLEDGE -19,449.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION HAS AN AUDIT & FINANCE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
DRUG POLICY ALLIANCE

Employer identification number

52-1516692

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

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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DRUG POLICY ACTION	C	2,700,000	COST
(2) DRUG POLICY ACTION	Q	119,053	COST

Part VII **Supplemental Information**

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

Return Reference	Explanation