Form 9 90 Department of the Treasury

# **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.

Information about Form 990 and its instructions is at www.irs.gov/form990

5 12 Open to Public

6

OMB No. 1545-0047

Inspection			
	Ins	necti	on

		e 2015 calendar year, or tax year beginning , 2015.	, and endin	-	, 20
	orth		, and endin	<u> </u>	ntification number
<b>B</b> c	heck if ap	C Name of organization		D Employer de	
	Addre	PARTNERSHIP FOR A DRUG-FREE AMERICA	2	10.0410	C00
_	chang	Doing Business As THE PARINERSHIP FOR DRUG-FREE KID		13-3413	
	Name	change , , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone nu	
	Initial	return 352 PARK AVENUE SOUTH	9TH FL	(212) 922	2-1560
	Termi				
	Amen returr	NEW IORK, NI 10010		G Gross receipt	
	Applio pendi			H(a) Is this a grou subordinates?	
		352 PARK AVENUE SOUTH NEW YORK, NY 10010		H(b) Are all subordi	nates included? Yes No
	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) 0	or 527	If "No," attack	h a list. (see instructions)
J		te: NWW.DRUGFREE.ORG		H(c) Group exemp	· · · · · · · · · · · · · · · · · · ·
K	Form (	of organization: X Corporation Trust Association Other	L Year of	formation: 1987 M	State of legal domicile: NY
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: THE $PP$	ARTNERSH	IP_REDUCES_SUP	BSTANCE ABUSE
Se		AMONG ADOLESCENTS BY SUPPORTING FAMILIES AND ENGA	AGING WI	TH TEENS.	
nan					
Governance	2	Check this box ▶ if the organization discontinued its operations or dispose	ed of more that	n 25% of its net assets	. <sub>.</sub>
ő	3	Number of voting members of the governing body (Part VI, line 1a)			<b>3</b> 20.
کہ د	4	Number of independent voting members of the governing body (Part VI, line 1b)			<b>4</b> 19.
Activities &	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			<b>5</b> 49.
čť.		Total number of volunteers (estimate if necessary)			6 1,000.
Ă	7a	Total unrelated business revenue from Part VIII, column (C), line 12			<b>7a</b> 0
		Net unrelated business taxable income from Form 990-T, line 34			<b>7b</b> 0
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		6,592,83	5. 6,367,961
nuə	9	Program service revenue (Part VIII, line 2g) PUBLIC IN PUBLIC IN	Y FOR		0. 0
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ISPECTION	258,48	9. 282,942
Ľ.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		311,63	8. 330,292
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		7,162,96	2. 6,981,195
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0. 0
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0. 0
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,888,32	4. 4,110,179
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		84,72	4. 0
, we have a second seco		Total fundraising expenses (Part IX, column (D), line 25) ▶462,501	·		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,144,08	1. 2,952,686
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,117,12	9. 7,062,865
	19	Revenue less expenses. Subtract line 18 from line 12		-954,16	781,670
Net Assets or Fund Balances				Beginning of Current Y	ear End of Year
sets alan	20	Total assets (Part X, line 16)		13,516,76	1. 12,967,297
Asg	21	Total liabilities (Part X, line 26)		937,35	9. 917,117
P <sup>n</sup>	22	Net assets or fund balances. Subtract line 21 from line 20.		12,579,40	2. 12,050,180
Pa	rt II	Signature Block			
Un	der per	nalties of perjury, I declare that I have examined this return, including accompanying schedu ct, and complete. Declaration of preparer (other than officer) is based on all information of whit	iles and statem	ents, and to the best of	my knowledge and belief, it is
	, cone				
<b>C</b> ia					7/2016
Sig He		Signature of officer		Date	
ПС	C	GINA SAMSON CFO			
		Type or print name and title			
Paid		Print/Type preparer's name Preparer's signature	Date		if PTIN
	barer	DANIEL ROMANO	07/27		
	Only	Firm's name FIRANT THORNTON LLP			36-6055558
		Firm's address > 757 THIRD AVE 4TH FLOOR NEW YORK, NY 10017-2013		Phone no.	212-599-0100
Мау	the I	RS discuss this return with the preparer shown above? (see instructions)		<u></u>	X Yes No
For	Pape	work Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2015)

Ρ	Statement of Program Service Accomplishments           Check if Schedule O contains a response or note to any line in this Part III
1	
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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," 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.
<b>4</b> a	(Code:) (Expenses \$including grants of \$) (Revenue \$)

THE MEDICINE ABUSE PROJECT IS A NATIONAL ACTION CAMPAIGN THAT AIMS	
TO REDUCE TEEN INITIATION OF MEDICINE ABUSE. THE CAMPAIGN PROVIDES	
COMPREHENSIVE RESOURCES FOR PARENTS AND CAREGIVERS, LAW	
ENFORCEMENT OFFICIALS, HEALTH CARE PROVIDERS, EDUCATORS AND OTHERS	
SO THAT EVERYONE CAN TAKE A STAND AND HELP END THIS EPIDEMIC. THE	
PROJECT'S WEBSITE INCLUDES FACTS ABOUT MEDICINE ABUSE, WHICH	
INCLUDES PRESCRIPTION (RX) DRUGS AND OVER-THE-COUNTER (OTC) COUGH	
MEDICINE. FOR MORE INFORMATION ON THE MEDICINE ABUSE PROJECT	
PLEASE SEE SCHEDULE O.	

4b (Code	:) (Expenses \$	615,339 includi	ng grants of \$	) (Revenue \$	)
ABOV	E THE INFLUENCE (A)	I) IS A NATIONAL	YOUTH PROGRAM	WITH PROVEN	
EFFE	CTIVENESS THAT CHAI	LENGES YOUTH, AG	ES 12-17, TO T	HINK	
CRIT	ICALLY ABOUT THE AI	OVERSE EFFECTS OF	DRUG AND ALCO	HOL USE AND	
THE	POTENTIAL NEGATIVE	INFLUENCES SURRC	UNDING THEM IN	THEIR SOCIAL	
AND	MEDIA ENVIRONMENT.	IT REACHES AND C	CONNECTS WITH T	EENS VIA	
PUBL	IC SERVICE ADS, MUI	TIPLE ONLINE AND	SOCIAL PLATFO	RMS, AND IN	
PART	NERSHIP WITH COMMUN	IITY AND SCHOOL-B	BASED ORGANIZAT	IONS. ABOVE	
THE	INFLUENCE IS A PROC	RAM OF THE PARTN	IERSHIP FOR DRU	G-FREE KIDS.	

4c	(Code:	) (Expenses \$	694,326. including gra	ants of \$	) (Revenue \$	)	
	THE PARENT	SUPPORT NETWORK	AT THE PARTNERSH	HIP FOR DR	UG-FREE KIDS		
	OFFERS RESC	OURCES FOR PAREN	TS WHOSE TEEN ANI	YOUNG AD	ULT CHILDREN		
	ARE STRUGGI	LING WITH DRUGS	AND ALCOHOL. IT	IS A VERY	SPECIAL		
	FUSION OF H	HEAD AND HEART,	GROUNDED IN THE B	EVIDENCE-B	ASED		
	PRINCIPLES	OF MOTIVATIONAL	INTERVIEWING ANI	COMMUNIT	Y		
	REINFORCEME	ENT AND FAMILY T	RAINING (CRAFT).	THE PAREN	T SUPPORT		
	NETWORK HEI	LPS PARENTS AND	OTHER CAREGIVERS	KEEP OPEN	LINES OF		
	COMMUNICAT	ION AND CARING W	ITH THEIR CHILD,	AND REDUC	E THE DAMAGE		
	THAT IS BEI	ING DONE TO THE	CHILD AND TO THE	FAMILY BY	SUBSTANCE		
	ABUSE AND F	RELATED BEHAVIOR	S.				

4d	Other program ser	rvices (Des	scribe in Schedul	e O.)	ATTACHMENT	1	
	(Expenses \$ 3	,603,410.	including grant	s of \$	) (Reve	enue \$	)
4e	Total program serv	vice expens	ses 🕨	6,023,2	207.		

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Part	V 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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
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	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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.	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			37
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		х
22	Part I	31		
32	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		
u	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	х	

Form **990** (2015)

Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	NU
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
•	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 49			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			37
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
52	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a	X X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	A	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
Ь	required to file Form 8282?	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
		1		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.5		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
-				
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2015)

Form **990** (2015) PAGE 6

Form §	990 (2015) PARTNERSHIP FOR A DRUG-FREE AMERICA 13-341	3627	I	Page <b>6</b>
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI	• • •	• • •	Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		x
3	any other officer, director, trustee, or key employee?	-		
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
a	The governing body?	8a 8b	X X	
b	Each committee with authority to act on behalf of the governing body?	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	4.06	v	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	x	
10	describe in Schedule O how this was done	13	X	
13 14	Did the organization have a written whistleblower policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	166		
Sect	ion C. Disclosure	16b	<u> </u>	1
<u>3ect</u> 17	List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2			
17 18	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ <u>11111011110112</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	~)(3)c	
10	available for public inspection. Indicate how you made these available. Check all that apply.	501(0	5,(5)5	, only)
	X       Own website       Another's website       X       Upon request       Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and

financial statements available to the public during the tax year.
 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 GINA SAMSON, CFO 352 PARK AVENUE SOUTH NEW YORK, NY 10010 212-922-1560

13-3413627

Page 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Independent Contractors	and
Check if Schedule O contains a response or note to any line in this Part VII	
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
	Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

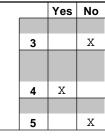
				(0	C)					
(A)	(B)		Position				(D)	(E)	(F)	
Name and Title	Average		(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated	
	hours per week (list any					or/trust		compensation from	compensation from related	amount of other
	hours for					1		the	organizations	compensation
	related	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	dual	Ition	-	nplo	st cc yee	ř	(W-2/1099-MISC)		organization and related
	line)	, trust	al tru		yee	ompe				organizations
		ëe	trustee			ensa				
						ted				
	F 00									
(1)PATRICIA F. RUSSO	5.00	37		37				0	0	0
CHAIRMAN THRU 12/2015	0.	X		Х				0.	0.	0.
(2) ALLEN ROSENSHINE	5.00	37		х				0.	0.	0
VICE CHAIRMAN (3)MARCIA LEE TAYLOR	40.00	X		X				0.	0.	0.
PRESIDENT & CEO	0.	x		Х				214,532.	0.	8,581.
(4)SYDNEY K. HUNSDALE	5.00	А		<u></u>				211,332.	0.	0,501.
SECR. & TREASURER AS OF 9/2015	0.	x		х				0.	0.	0.
(5)MICHAEL WHITE	3.00			21						
	0.	x		х				0.	0.	0.
(6)CRAIG BROWN	5.00									
SEC & TREAS THRU 9/15 DIRECTOR	0.	х		Х				0.	0.	0.
(7)ALAN L. HOFFMAN	3.00									
DIRECTOR	0.	X						0.	0.	0.
(8) DAVID A. KATZ	3.00									
DIRECTOR	0.	X						0.	0.	0.
(9)KATHLEEN_KEEFE	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(10)BILL KOENIGSBERG	3.00	-								
DIRECTOR	0.	X						0.	0.	0.
(11)PHILLIP KWUN	3.00	-								
DIRECTOR	0.	X						0.	0.	0.
(12)ROBERT D. LIODICE	3.00	-								
DIRECTOR	0.	X						0.	0.	0.
(13) IBRA MORALES	3.00									-
DIRECTOR	0.	X						0.	0.	0.
(14)MITCHELL S. ROSENTHAL	3.00								0	0
DIRECTOR	0.	Х						0.	0.	0.

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Form	aan	(2015)	
FUIII	330	(2013)	

Part VII Section A. Officers, Directors, T		ľ						_			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	s per d a di	ition more rson	e than c is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estima amour othe compen: from t organiz and rel organiza	ated at of er sation the ation ated
5) R. LEE SHAW	3.00										
DIRECTOR	0.	X						0.	0.		
5) MARK TATUM	3.00										
DIRECTOR	0.	х						0.	0.		
) PAUL BASCOBERT	3.00										
DIRECTOR	0.	X						0.	0.		
B) BRYAN R. BELLER	3.00										
DIRECTOR	0.	x						0.	0.		
) TIMOTHY J. BROSNAN	3.00										
DIRECTOR	0.	x						0.	0.		
) VICKI COHEN	3.00										
DIRECTOR	0.	X						0.	0.		
) CARTER WIESS	3.00										
DIRECTOR THRU 5/2015	0.	X						0.	0.		
2) NANCY H. HILL	3.00										
DIRECTOR	0.	X						0.	0.		
B) GINA SAMSON	35.00										
CFO AS OF 10/2015	0.			Х				26,026.	0.	1	,04
) ROBERT CARUSO	40.00										
CFO THRU 7/2015	0.			Х				101,067.	0.	4	,00
5) STEPHEN PASIERB	40.00										
PRESIDENT & CEO THRU 3/2015	0.			Х				107,752.	0.	3	,83
b Sub-total								214,532.	0.	8	,58
c Total from continuation sheets to Part VII,	Section A							944,140.	0.	32	,01
d Total (add lines 1b and 1c)								1,158,672.	0.	40	,59
Total number of individuals (including but no reportable compensation from the organizati		hose 17		d ab	oove	e) who	o re	ceived more than	\$100,000 of		
										Ye	es l
Did the organization list any former off	icer directo	or or	tru	ISTA	ا د	kev e	mn	lovee or highest	t compensated		
employee on line 1a? If "Yes," complete Sche										3	

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual..... 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person



#### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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	<b>(C)</b> Compensation
ATTACHMENT 3		
2 Total number of independent contractors (including but not limited to those more than \$100.000 in compensation from the organization ► 1	e listed above) who received	

Form	990	(2015)	

art VII Section A. Officers, Directors, Tru		;y ⊑n	ipio			апи г	ngi		· · · · · · · · · · · · · · · · · · ·		
(A) Name and title	(B) (C) Average Position hours per week (list any hours for officer and a director/trus					is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	amount other	Estimated amount of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from th organizat and relat organizati	ion ed
) SEAN CLARKIN EVP, RESEARCH & EXTL RELATIONS	35.00 0.	-				x		157,500.	0.	6,	30
) JOHN IRVING SVP, MEDIA DIRECTOR	35.00 0.	-				x		157,150.	0.	б,	28
) DENISE YOUNG FARRELL VP, DIR PUBLIC AFFAIRS	35.00	-				x		134,400.	0.		37
) KRISTINA ROWE CHIEF MARKETING OFFICER	35.00	-				x		131,000.	0.		
) TERI CHRISTENSEN SVP, DIR. OF STATE & LOCAL OPS	35.00	-				x		129,245.	0.	5,	17
		-									_
		-									
		-									
		-									
		-									
		-									
<ul> <li>b Sub-total</li> <li>c Total from continuation sheets to Part VII, S</li> <li>d Total (add lines 1b and 1c)</li> <li>Total number of individuals (including but not reportable compensation from the organization</li> </ul>	ection A limited to t		iste		•••		re	ceived more than	\$100,000 of		
Did the organization list any former offic										Yes	;
employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the organization and related organizations gro	sum of rep	ortab	le c	om	pen	satior	n ar	nd other compens	sation from the	3	
<i>individual</i> Did any person listed on line 1a receive or	accrue co	mpen	satio	on f	from	n any	uni	related organization	on or individual	4 X 5	
for services rendered to the organization? If "Ye	-, 1							hat received more	than \$100,000	of	
Complete this table for your five highest com compensation from the organization. Report of						lar yea	ar e	ending with or with	in the organizatio	on's tax	
ection B. Independent Contractors Complete this table for your five highest com	ompensati					lar yea	ar e	ending with or with (B) Description of se		on's tax (C) Compensation	
ection B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year. (A)	ompensati					lar yea	ar e	(B)		(C)	

more than \$100,000 in compensation from the organization **>** 

Par	t VII	Statement of Rever Check if Schedule O co		ose or note to an	v line in this Part VI	11		
					(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a	2,071.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
ts, ( Am	с	Fundraising events	<u>1</u> c	840,985.				
, Git	d	Related organizations	1d					
ons	е	Government grants (contribu		471,824.				
buti	f	All other contributions, gifts,	-					
d Of		and similar amounts not include		5,053,081.				
an Co	g h	Noncash contributions included <b>Total.</b> Add lines 1a-1f		•	6,367,961.			
ne			<u></u>	Business Code	0,307,901.			
Program Service Revenue	2a							
e Re	b							
<u>vice</u>	с							
Ser	d							
am	е							
ıgo	f	All other program service rev		L				
<u> </u>	g	Total. Add lines 2a-2f			0.			
	3	· ·	cluding divider					
		and other similar amounts).			256,662.			256,662.
	4 5	Income from investment of Royalties	•		0.			
	5	Royanes	(i) Real	(ii) Personal	0.			
	6.0	Gross rents		()				
	6a b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)			0.			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,660,911.					
	b	Less: cost or other basis						
		and sales expenses	1,634,631.					
	С	Gain or (loss)						
	d	Net gain or (loss)	• • • • • • • • •	· · · · · · · • •	26,280.			26,280
ne	8a	Gross income from fundra	0					
ven		events (not including \$						
r Re		of contributions reported on		508,750.				
Other Revenue	h	See Part IV, line 18						
0	b C	Net income or (loss) from fu			330,292.			330,292
	9a	Gross income from gaming	activities.					
		See Part IV, line 19						
	b	Less: direct expenses						
	c	Net income or (loss) from g			0.			
	10a	Gross sales of invent returns and allowances						
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sa			0.			
		Miscellaneous Revenu	le	Business Code				
	11a							
	b							
	C							
	d	All other revenue Total. Add lines 11a-11d			0.			
	е 12	Total. Add lines 11a-11d -			6.981.195.			613,234

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# PARTNERSHIP FOR A DRUG-FREE AMERICA

db. 9b. and 10b of Part VIII.         memory is a seture to denestic organizations and denestic grammatics. See Part IV, line 21		and 501(c)(4) organizations mus				
Bb, 3b, and 10b of Part Vill.         Total äxpenses         Progrim service memory and consets comparizations and domest partmennes. See Part V, fine 21.         Image Part Vill.         Management and part of the setting part of the setting part of the part origin tables. See Part V, fine 22.         Image Part Vill.         Management and part of the part			I			
and donestic governments. See Part IV, line 21		•	(A) Total expenses	Program service	Management and	<b>(D)</b> Fundraising expenses
2 Grants and other assistance to domestic individuals. See Part V, line 22.         0.           3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, line 15 and 16.         0.           4 Benefits paid to or for members         0.           5 Compensation of current officers. fractors, trustees, and key employees         425,710.         302,440.         68,371.           6 Compensation not included above, to disqualitid persons (actived in section 4956)((2)(0).         0.         30,050,943.         2,629,551.         226,024.         1/1           7 Other satiance and wages	1 Grants and othe	r assistance to domestic organizations				
individuals. See Part V, Ine 22,,       0.       0.         3 Grants and other assistance to foreign organizations, foreign powerments, and foreign individuals. See Part V, Ines 15 and 16, 0.       0.         4 Benefits paid to of formembers,, 0.       0.       0.         5 Compensation or included above, to disqualited persons (as defined under section 4960(1)) and persons desorbed in secton 4960(1) and 405(1) enployer contributions (include secton 400(1) and 405(1) enployer contributions (include sector 400(1) enployer con	and domestic go	vernments. See Part IV, line 21	0.			
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16.         0.           Benefits paid to or for members         0.         0.           Compensation of current officers, directors, trustees, and key employees         0.         0.           Compensation of current officers, directors, trustees, and key employees         0.         0.           Compensation of trincluded above, to disqualified persons (as defined under section 49658(r)(1)(1)(0)         0.         0.           Person plan accruate and contributions section 401(k) and 403(b) employer contributions         3, 050, 943.         2, 629, 651.         226, 204.         11           Person plan accruate and contributions of the section 401(k) and 403(b) employer contributions         257, 122.         228, 881.         14, 230.         10           Paryonit taxes.         269, 651.         222, 910.         26, 158.         11           Fees for services (non-employees): a Management         0.         60, 302.         60, 302.         60, 302.           Chey this instruct the instruct construction of the 12, colum (A anout, int instra generate construction of the 25, colum (A anout, int instra generate construction of the 25, colum (A anout, int instra generate construction of the 25, colum (A anout, int instra generate construction of the 25, colum (A anout, int instra generate construction of the 25, colum (A anout, int instra generate construction of the 25, colum (A anout, int instra generate constr						
organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16         0.           4 Bendits paid to for members         0.         0.           5 Compensation of current officers, trustees, and key employees         425,710.         302,440.         68,371.           6 Compensation not included above, to disqualified pensons deachied in section 4988(10)180.         0.         0.         0.           7 Other salaries and wages         3,050,943.         2,629,651.         226,204.         11           9 Penson place in section 4988(10)80.         0.         257,122.         228,881.         14,230.           9 Other employee benefits         269,651.         222,910.         26,158.         2           9 Payroll taxes         0.         8.782.         8,782.         60,302.           4 Lobbying         0.         0.         0.         0.           9 Other in the tig panoet desold tox of the 2		· · · · · · · · · · · · · · · · · · ·	0.			
individuals. See Part IV, lines 15 and 16       0.         4 Benefits paid to or for members						
4         Benchits paid to or for members         0.         0.           5         Compensation of included above, to disqualified persons (ac defined under section 4958/(f)(1)) and persons described in section 4958/(f)(1) and persons described in section 4958/(f)(1) and persons described in the section 4958/(f) and 4958/(f) a	•		0			
Compensation of current officers, directors, trustees, and key employees         425,710.         302,440.         68,371.           Compensation not included above, to disquatting periors (as defined under section 4958(c)(3)6						
trustees, and key employees       425,710.       302,440.       68,371.       9         6 Compensation not included above, to disqualified persons (es clined under section 4958)((1)(8).       0.       0.       9         7 Other salaries and wages       3,050,943.       2,629,651.       226,204.       19         8 Pension plan accruals and contributions (include section 4058)((1)(8) and 403(b) employer contributions       106,753.       92,460.       8,300.       9         9 Other employee benefits       255,7122.       228,881.       14,230.       14         9 and management       0.       0.       0.       0.         8 Constraint       0.       0.       0.       0.       0.         9 Payroll taxes.       0.			0.			
6       Compensation not included above, to disqualified presons (as defined under section 4980(11)) and persons described in section 4980(13)) and persons described in section 4980(13) and persons described in section 4980(13) and persons described in section 4980(13).       0.       0.         7       Other enalogues and contributions (include section 401(k) and 403(b) employer contributions (include 106, 753. 92, 460. 8, 300. 267, 122. 228, 881. 14, 230. 126, 515. 266, 515. 226, 158. 142, 230. 126, 515. 266, 515. 226, 158. 142, 230. 126, 515. 1428, 515. 142, 230. 126, 515. 1428, 515. 142, 230. 126, 515. 1428, 515. 142, 230. 126, 515. 1428, 515. 142, 230. 126, 515. 1428, 515. 1458, 51588, 51598, 51598, 51598, 51598, 51598, 51598, 51598, 51598, 5159	•		425.710.	302.440.	68.371.	54,899
persons (as defined under section 4988(0(1)) and persons described in section 4988(0(3)8)         0.         0.           7 Other satisfies and wages         3,050,943         2,629,651         226,204         11           8 Pension plan accruases and contributions (include section 401(k) and 403(b) employer contributions)         106,753         92,460         8,300.           9 Other employee benefits         269,651         222,910         26,158         14,230.           1 Fees for services (non-employees):         0.         0.         0.         0.           8 Anagement         0.         0.         0.         0.         0.         0.           4 Lobbying         0.			120,7,201			017000
persons described in section 4988(c)(3)(6)         0.           7 Other salaries and wages         3,050,943.         2,629,651.         226,204.         11           8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)         257,122.         228,881.         14,230.         12           9 Other employee benefits         269,651.         222,910.         26,158.         14         16           1 Fees for services (non-employees):         0.         0.         0.         16	•					
7 Other salaries and wages       3,050,943.       2,629,651.       226,204.       11         8 Pension plan accruals and contributions (include section 401(k) and 403(k) employer contributions)       106,753.       92,460.       8,300.         9 Other employee benefits       269,651.       222,910.       26,158.       14,230.         1 Fees for services (non-employees):       269,651.       222,910.       26,158.       16,222,910.       26,158.       16,222,910.       26,158.       16,222,910.       26,158.       16,222,910.       26,158.       16,222,910.       26,158.       16,222,910.       26,158.       16,222,910.       26,158.       16,222,910.       26,158.       16,20,220.       56,452.       60,302.       60,302.       60,302.       60,302.       60,302.       60,302.       60,302.       60,302.       60,302.       60,302.       60,466.       94,646.       94,646.       94,646.       94,646.       94,646.       94,646.       94,646.       94,646.       94,646.       94,646.       94,646.       94,646.       94,646.       94,9464.       10,971.       10,971.       10,971.       10,971.       10,971.       10,971.       10,971.       10,971.       10,971.       10,971.       10,971.       10,971.       10,971.       10,971.       10,971.       10,971. </td <td></td> <td></td> <td>0.</td> <td></td> <td></td> <td></td>			0.			
8       Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)       106,753.       92,460.       8,300.         9       Other employee benefits			3,050,943.	2,629,651.	226,204.	195,088
section 401(k) and 403(b) employer contributions)         106,753, 92,460, 8,300,           9 Other employee bendits         257,122, 228,881, 14,230,           0 Payrol taxes         269,651, 222,910, 26,158,           1 Fees for services (non-employees):         0,           a Management         0,           b Legal         8,782,           c Accounting,         60,302,           d Lobbying         0,           e Protessional fundraking services. See Part IV, line 17,         0,           f Investment management fees         49,646,           9 Other, (f line 11g anount exceeds 10% of line 25, column (A amount, list line 11g expenses on Schedule O),         10,971,           10,971,         10,971,           10,971,         10,971,           10,971,         10,971,           10,971,         10,971,           10,971,         10,971,           10,971,         10,971,           10,971,         10,971,           10,971,         10,971,           10,971,         10,971,           10,971,         10,971,           10,971,         10,971,           10,971,         10,971,           10,971,         10,971,           10,971,         10,971, <tr< td=""><td></td><td></td><td></td><td></td><td></td><td></td></tr<>						
9 Other employee benefits       257,122.       228,881.       14,230.         10 Payroll taxes       269,651.       222,910.       26,158.         11 Fees for services (non-employees):       0.       0.       269,651.       222,910.       26,158.         11 Fees for services (non-employees):       0.       0.       0.       0.       0.         12 Accounting       0.0       0.       0.       0.       0.       0.         12 Accounting services. See Part IV, line 17.       0.       0.       0.       0.       0.         12 Advertising and promotion       630,230.       564,560.       6,914.       9.         13 Office expenses       199,924.       183,939.       6,485.       10.,971.       10.,971.         13 Office expenses       199,924.       183,939.       6,485.       116.       116.       116.         14 Information technology.       276,836.       246,107.       15,852.       116.       116.       116.       117.       128.       1182,357.       176,797.       1,346.       1182,357.       176,797.       1,346.       116.       116.       116.       116.       116.       116.       116.       116.       116.       116.       116.       116.	•	· ·	106,753.	92,460.	8,300.	5,993
10       Payroll taxes       269,651.       222,910.       26,158.       1         11       Fees for services (non-employees):       0.       0.       0.         a Management       0.       8,782.       8,782.         b Legal       60,302.       60,302.         d Lobbying       0.       0.         9 Other. (if line 11g amount exceeds 10% of line 22, outurn (A) anount, list line 11g expresses otherdule 0.)       630,230.       564,560.       6,914.         12       Advertising and promotion       10,971.       10,971.       10,971.         13       Office express       9.046.       15,852.       10         14       Information technology.       226,836.       246,107.       15,852.       15         15       Royalties.       0.       0.       182,357.       176,797.       1,346.         18       Payments of travel or entertainment express for any federal, state, or local public officials       0.       0.       10.         19       Conferences, conventions, and meetings       0.       0.       10.       10.         21       Payments to affiliates.       0.       0.       0.       10.         22       Depreciation, depletion, and amortization       70,190.       56,1		.,	257,122.	228,881.	14,230.	14,011
11       Fees for services (non-employees):       0.         a Management       0.         b Legal       8,782.         c Accounting       0.         d Lobbying       0.         e Protessional fundraising services. See Part IV, line 17,       0.         g Other. (# line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).       630, 230.       564, 560.       6, 914.       92         2 Advertising and promotion       10, 971.       10, 971.       10, 971.       10         3 Office expenses       199, 924.       183, 939.       6, 485.       110, 971.         6 Occupancy       605, 151.       486, 416.       59, 368.       110, 977.       1, 346.         8 Payments of travel or entertainment expenses for any federal, state, or local public officials       0.       60.       6, 543.       6, 543.         9 Conferences, conventions, and meetings       60, 543.       6, 543.       6, 543.       196.         10 apprents to affiliates.       0.       0.       190.       190.       190.       190.         9 Conferences, conventions, and meetings       0.       0.       182, 357.       176, 797.       1, 346.         12 Deprociation, depletion, and amortization       70, 190.       56, 152.			269,651.	222,910.	26,158.	20,583
a Management       0.         b Legal       8,782.         c Accounting       60,302.         d Lobbying       0.         e Professional fundraising services. See Part IV, line 17.       0.         f Investment management fees       49,646.         g Other. (If line 11g arount cockets) for of the 25. column (A) anount, list line 11g expenses on Schedule O).       630,230.         2 Advertising and promotion       10,971.         10,971.       10,971.         10,971.       10,971.         10,971.       15,852.         2 Advertising and promotion       276,836.         2 Advertising and promotion       0.         6 Occupancy       605,151.         4 Information technology       605,151.         5 Royalties       0.         6 Occupancy       605,151.         9 Conferences, conventions, and meetings       0.         11 Payments to affiliates.       0.         20 Depreciation, depletion, and amortization       70,190.         13 Insurace       32,257.       25,805.         24 Other expenses on Schedule O)       572,174.         BESERACH_COSTS       98,846.       98,846.         Gutter sponses on schedule O)       98,846.         Adbree queneses						
b Legal       8,782.       8,782.         c Accounting       60,302.       60,302.         d Lobbying       0.       0.         e Professional fundrasing services. See Part IV. line 17.       0.       0.         g Other. (if line 11g amount acceeds 10% of line 25, column (A) amount, list line 11g aepenses on Schedule O).       630,230.       564,560.       6,914.         2 Advertising and promotion       10,971.       10,971.       10,971.       10,971.         3 Office expenses       199,924.       183,939.       6,485.         4 Information technology       276,836.       246,107.       15,852.         16 Occupancy       605,151.       486,416.       59,368.       9         17 Travel       0.       0.       0.       0.         28 Payments of travel or entertainment expenses for any federal, state, or local public officials       0.       0.       0.         20 Depreciation, depletion, and amorization       70,190.       56,152.       7,019.       0.         21 Payments to affiliates       0.       0.       0.       0.       0.       0.         22 Depreciation, depletion, and amorization       70,190.       56,152.       7,019.       0.       0.       0.       0.         24 Other expenses.		· · · · ·	0.			
c Accounting       60,302.       60,302.         d Lobbying       0.       0.         e Protessional fundraising services. See Part IV, line 17, function from the management fees       49,646.       49,646.         g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).       630,230.       564,560.       6,914.         2 Advertising and promotion       10,971.       10,971.       10         2 Advertising and promotion       10,971.       10,971.         3 Office expenses.       199,924.       183,939.       6,485.         4 Information technology.       276,836.       246,107.       15,852.         5 Royatties.       0.       605,151.       486,416.       59,368.       9         6 Occupancy       605,151.       486,416.       59,368.       9         7 Travel			8,782.		8,782.	
d Lobbying         0.         0.           e Protessional fundraising services. See Part IV, line 17.         0.         0.           f Investment management fees         49,646.         49,646.           g Other. If line 11g amount list line 11g expenses on Schedule 0).         630,230.         564,560.         6,914.           2 Advertising and promotion         10,971.         10,971.         0.         10           3 Office expenses         199,924.         183,939.         6,485.         15           4 Information technology.         0.         0.         10         15,852.         10           6 Occupancy         605,151.         486,416.         59,368.         182,357.         176,797.         1,346.           8 Payments of travel or entertainment expenses         0.         182,357.         176,797.         1,346.           9 Conferences, conventions, and meetings         0.         0.         10         10           11 Payments to affiliates         0.         0.         10			60,302.		60,302.	
e Professional fundraising services. See Part IV, line 17, f Investment management fees       0.       49,646.       49,646.         g Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g eamses on Schedule O.)       630,230.       564,560.       6,914.         2 Advertising and promotion       10,971.       10,971.       10,971.         3 Office expenses       199,924.       183,939.       6,485.         4 Information technology       0.       0.         6 Occupancy       605,151.       486,416.       59,368.         7 Travel       182,357.       176,797.       1,346.         8 Payments of travel or entertainment expenses for any federal, state, or local public officials       0.       -         9 Conferences, conventions, and meetings       33,314.       30,468.       196.         11 Payments to affiliates,       0.       -       -         20 Depreciation, depletion, and amortization       70,190.       56,152.       7,019.         31 nsurance       32,257.       25,805.       3,226.         40 Other expenses in time 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on schedule O.)       572,174.       572,174.         98,846.       98,846.       -       -       -         925,584.       25,			0.			
9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0).       630,230.       564,560.       6,914.         2 Advertising and promotion       10,971.       10,971.       10,971.         3 Office expenses       199,924.       183,939.       6,485.         4 Information technology.       276,836.       246,107.       15,852.         5 Royaties.       0.       605,151.       486,416.       59,368.         9 Conferences.       0.       605,151.       486,416.       59,368.         9 Conferences.       0.       605,151.       486,416.       59,368.         9 Conferences.       0.       6,543.       0.         9 Conferences.       0.       6,543.       0.         19 Payments to affiliates.       0.       0.       0.         10 Dereciation, depletion, and amortization       32,257.       25,805.       3,226.         24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24. If line 24. expenses os Schedue 0.)       572,174.       572,174.         98,846.       98,846.       98,846.       0.         920ESEXERCH_COSTS       98,846.       98,846.       0.         921ES & SUBSCRIPTIONS       25,584.       25,584.       46,850.			0.			
(A) amount, list line 11g expenses on Schedule 0).       630,230.       564,560.       6,914.         12       Advertising and promotion       10,971.       10,971.         32       Office expenses       199,924.       183,939.       6,485.         41       Information technology       276,836.       246,107.       15,852.         5       Royatties       0.       0.         6       Occupancy       605,151.       486,416.       59,368.         17       Travel       182,357.       176,797.       1,346.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       0.       0.         19       Conferences, conventions, and meetings       0.       6,543.       6,543.         19       Payments to affiliates.       0.       0.       0.         10       Interest       0.       32,257.       25,805.       3,226.         19       Conterences, temize expenses not covered above (List miscellaneous expenses on Schedule O)       32,257.       25,805.       3,226.         0       CREATIVE_PRODUCTION COSTS       572,174.       572,174.       572,174.	f Investment ma	anagement fees	49,646.		49,646.	
12       Advertising and promotion       10,971.       10,971.         13       Office expenses       199,924.       183,939.       6,485.         14       Information technology.       276,836.       246,107.       15,852.         15       Royalties       0.       605,151.       486,416.       59,368.         16       Occupancy       605,151.       486,416.       59,368.       9         17       Travel       182,357.       176,797.       1,346.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       0.       6,543.       6,543.         19       Conferences, conventions, and meetings       0.       0.       12       199,924.       183,939.       6,485.         20       Interest       0.       0.       0.       0.       12         21       Payments to affiliates.       0.       0.       132,257.       25,805.       3,226.       12         22       Depreciation, depletion, and amortization       32,257.       25,805.       3,226.       12         24       Other expenses. Itemize expenses on schedule O.)       32,257.       25,805.       3,226.       12         38,846.       98,846.	g Other. (If line 11	g amount exceeds 10% of line 25, column				
13       Office expenses       199,924.       183,939.       6,485.         14       Information technology.       276,836.       246,107.       15,852.         15       Royalties.       0.       0.         16       Occupancy.       605,151.       486,416.       59,368.         17       Travel.       182,357.       176,797.       1,346.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       0.       0.         10       Conferences, conventions, and meetings       33,314.       30,468.       196.         20       Interest       0.       0.       0.         21       Payments to affiliates.       0.       0.       0.         22       Depreciation, depletion, and amortization       70,190.       56,152.       7,019.         23       Insurance       0.       0.       0.       0.         24       Other expenses in line 24e. If line 24e expenses on Schedule 0.)       32,257.       25,805.       3,226.         24       Other expenses on Schedule 0.)       38,846.       98,846.       0.       0.         cDUES & SUBSCRIPTIONS       42,729.       38,434.       4,176.       0.	(A) amount, list line	11g expenses on Schedule O.)	630,230.	564,560.	6,914.	58,756
14       Information technology.       276,836.       246,107.       15,852.         15       Royalties.       0.       0.         16       Occupancy       605,151.       486,416.       59,368.         17       Travel       182,357.       176,797.       1,346.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       0.       0.         19       Conferences, conventions, and meetings       33,314.       30,468.       196.         20       Interest       0.       0.       0.         21       Payments to affiliates.       0.       0.       0.         22       Depreciation, depletion, and amortization       70,190.       56,152.       7,019.         23       Insurance       32,257.       25,805.       3,226.         24       Other expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       38,846.       98,846.       0.         20       PRESEARCH COSTS       572,174.       572,174.       572,174.         bRESEARCH COSTS       98,846.       98,846.       0.         cDIEPS & SUBSCRIPTIONS       42,729.       38,434.       4,176.         dPRESS	12 Advertising an	d promotion				
15       Royalties       0         16       Occupancy       605,151.       486,416.       59,368.         17       Travel       182,357.       176,797.       1,346.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       0.       0.         19       Conferences, conventions, and meetings       33,314.       30,468.       196.         20       Interest       6,543.       6,543.         21       Payments to affiliates.       0.       0.         22       Depreciation, depletion, and amotization       70,190.       56,152.       7,019.         23       Insurance       32,257.       25,805.       3,226.         24       Other expenses. Itemize expenses on to 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)       372,174.       572,174.         bRESEARCH_COSTS       98,846.       98,846.       0.         cDUES_& SUBSCRIPTIONS       42,729.       38,434.       4,176.         dPRESS_CLIPPINGS       25,584.       25,584.       25,584.         e All other expenses. Add lines 1 through 24e       7,062,865.       6,023,207.       577,157.         26 <td< td=""><td>13 Office expense</td><td>es</td><td></td><td></td><td></td><td>9,500</td></td<>	13 Office expense	es				9,500
60       Cocupancy       605,151.       486,416.       59,368.         17       Travel       182,357.       176,797.       1,346.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       0.       0.         19       Conferences, conventions, and meetings       33,314.       30,468.       196.         20       Interest       6,543.       6,543.         21       Payments to affiliates       0.       0.         22       Depreciation, depletion, and amortization       70,190.       56,152.       7,019.         23       Insurance       32,257.       25,805.       3,226.         24       Other expenses in time 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)       572,174.       572,174.         aCREATIVE_PRODUCTION_COSTS       572,174.       572,174.       572,174.         bRESEARCH_COSTS       98,846.       98,846.       98,843.         cDUES_&_SUBSCRIPTIONS       42,729.       38,434.       4,176.         dPRESS_CLIPPINGS       25,584.       25,584.       46,850.       30,612.       4,039.         e All other expenses	14 Information te	chnology	276,836.	246,107.	15,852.	14,877
17       Travel       182,357.       176,797.       1,346.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       0.       0.         19       Conferences, conventions, and meetings       33,314.       30,468.       196.         20       Interest       6,543.       6,543.         21       Payments to affiliates.       0.       0.         22       Depreciation, depletion, and amortization       70,190.       56,152.       7,019.         23       Insurance       32,257.       25,805.       3,226.         24       Other expenses not covered above (List miscellaneous expenses not covered above (List miscellaneous expenses on Schedule O.)       572,174.       572,174.         32       SZT.       98,846.       98,846.       98,846.         cDUES & SUBSCRIPTIONS       42,729.       38,434.       4,176.         dPRESS CLIPPINGS       25,584.       25,584.       46,850.         e All other expenses. Add lines 1 through 24e       7,062,865.       6,023,207.       577,157.       40         25       Joint costs. Complete this line only if the organization reported in column (B) joint costs       577,157.       40	15 Royalties					
18       Payments of travel or entertainment expenses for any federal, state, or local public officials       0.         19       Conferences, conventions, and meetings       33,314.       30,468.       196.         20       Interest       6,543.       6,543.         21       Payments to affiliates       0.       0.         22       Depreciation, depletion, and amortization       70,190.       56,152.       7,019.         23       Insurance       32,257.       25,805.       3,226.         24       Other expenses. Itemize expenses on to 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.)       572,174.       572,174.         acreative production COSTS       98,846.       98,846.       0.         cDUES & SUBSCRIPTIONS       42,729.       38,434.       4,176.         dPRESS CLIPPINGS       25,584.       25,584.       0.         e All other expenses. Add lines 1 through 24e       7,062,865.       6,023,207.       577,157.       40         25       Joint costs. Complete this line only if the organization reported in column (B) joint costs       502,865.       6,023,207.       577,157.       40	16 Occupancy					59,367
for any federal, state, or local public officials       0.         19 Conferences, conventions, and meetings       33,314.       30,468.       196.         20 Interest       6,543.       6,543.         21 Payments to affiliates       0.       0.         22 Depreciation, depletion, and amortization       70,190.       56,152.       7,019.         23 Insurance       32,257.       25,805.       3,226.         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 0.)       572,174.       572,174.         aCREATIVE PRODUCTION COSTS       572,174.       572,174.       572,174.         bRESEARCH_COSTS       98,846.       98,846.       0.         cDUES & SUBSCRIPTIONS       42,729.       38,434.       4,176.         dPRESS_CLIPPINGS       25,584.       25,584.       25,584.         e All other expenses. Add lines 1 through 24e       7,062,865.       6,023,207.       577,157.       40         25 Joint costs. Complete this line only if the organization reported in column (B) joint costs       100,000.       577,157.       40	<b>17</b> Travel		182,357.	176,797.	1,346.	4,214
19       Conferences, conventions, and meetings       33,314.       30,468.       196.         20       Interest       6,543.       0.         21       Payments to affiliates.       0.       0.         22       Depreciation, depletion, and amortization       70,190.       56,152.       7,019.         23       Insurance       32,257.       25,805.       3,226.         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.)       572,174.       572,174.         a CREATIVE_PRODUCTION COSTS       98,846.       98,846.       0.         bRESEARCH_COSTS       98,846.       98,846.       0.         c_DUES_& SUBSCRIPTIONS       25,584.       25,584.       46,850.       30,612.       4,039.       4,039.       1.         e All other expenses. Add lines 1 through 24e       7,062,865.       6,023,207.       577,157.       4.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs       0.       2.       5.       5.       5.       5.       5.       5.       5.       5.       4.       6.       5.       5.       5.       5.       5.       5.<	•	-				
20       Interest       6,543.       6,543.         21       Payments to affiliates.       0.	-	· · ·		20.450	100	0.650
21       Payments to affiliates.       0.         22       Depreciation, depletion, and amortization       70,190.       56,152.       7,019.         23       Insurance       32,257.       25,805.       3,226.         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       772,174.       572,174.       572,174.         bRESEARCH_COSTS       98,846.       98,846.       98,846.       98,846.       0.         cDUES & SUBSCRIPTIONS       42,729.       38,434.       4,176.       0.         cDUES & SUBSCRIPTIONS       25,584.       25,584.       0.       0.         e All other expenses       46,850.       30,612.       4,039.       0.         25       Total functional expenses. Add lines 1 through 24e       7,062,865.       6,023,207.       577,157.       44         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs       0.       0.       0.       0.				30,468.		2,650
111					6,543.	
23Insurance32,257.25,805.3,226.24Other 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.)aaaaaCREATIVE PRODUCTION COSTS572,174.572,174.bRESEARCH_COSTS98,846.98,846.cDUES & SUBSCRIPTIONS42,729.38,434.4,176.dPRESS_CLIPPINGS25,584.25,584.e All other expenses46,850.30,612.4,039.25Total functional expenses. Add lines 1 through 24e7,062,865.6,023,207.577,157.426Joint costs. Complete this line only if the organization reported in column (B) joint costs5556				E6 150	7 010	7 010
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.)       aCREATIVE PRODUCTION COSTS       572,174.       572,174.         aCREATIVE PRODUCTION COSTS       572,174.       572,174.       572,174.         bRESEARCH_COSTS       98,846.       98,846.       98,846.         cDUES_&_SUBSCRIPTIONS       42,729.       38,434.       4,176.         dPRESS_CLIPPINGS       25,584.       25,584.       25,584.         e All other expenses       46,850.       30,612.       4,039.         25       Total functional expenses. Add lines 1 through 24e       7,062,865.       6,023,207.       577,157.       40         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs       01       7,062,865.       6,023,207.       577,157.       40	•					7,019
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.)572,174.aCREATIVE_PRODUCTION_COSTS572,174.572,174.bRESEARCH_COSTS98,846.98,846.cDUES_& SUBSCRIPTIONS42,729.38,434.dPRESS_CLIPPINGS25,584.25,584.e All other expenses46,850.30,612.41 other expenses46,850.30,612.25 Total functional expenses. Add lines 1 through 24e7,062,865.6,023,207.26 Joint costs.Complete this line only if the organization reported in column (B) joint costs1000000000000000000000000000000000000			32,237.	25,805.	3,220.	3,226
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)Statea CREATIVE_PRODUCTION_COSTS572,174.b RESEARCH_COSTS98,846.c DUES_& SUBSCRIPTIONS42,729.38,434.4,176.d PRESS_CLIPPINGS25,584.e All other expenses46,850.30,612.4,039.25 Total functional expenses. Add lines 1 through 24e7,062,865.6 Joint costs.Complete this line only if the organization reported in column (B) joint costs	•	· ·				
(A) amount, list line 24e expenses on Schedule O.)       572,174.       572,174.         aCREATIVE_PRODUCTION_COSTS						
aCREATIVE_PRODUCTION_COSTS       572,174.       572,174.         bRESEARCH_COSTS       98,846.       98,846.         cDUES_& SUBSCRIPTIONS       42,729.       38,434.       4,176.         dPRESS_CLIPPINGS       25,584.       25,584.       25,584.         e All other expenses       46,850.       30,612.       4,039.         25       Total functional expenses. Add lines 1 through 24e       7,062,865.       6,023,207.       577,157.       40         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs       0       0       0       0						
bRESEARCH_COSTS         98,846.         98,846.           cDUES_&_SUBSCRIPTIONS         42,729.         38,434.         4,176.           dPRESS_CLIPPINGS         25,584.         25,584.         4,039.         30,612.         4,039.         30,612.         4,039.         30,612.         4,039.         30,612.         4,039.         30,612.         4,039.         30,612.         4,039.         30,77,157.         40           26         Joint costs.         Complete this line only if the organization reported in column (B) joint costs         6,023,207.         577,157.         40		· · ·	572 174	572 174		
cDUES & SUBSCRIPTIONS       42,729.       38,434.       4,176.         dPRESS CLIPPINGS       25,584.       25,584.       25,584.         e All other expenses       46,850.       30,612.       4,039.         25 Total functional expenses. Add lines 1 through 24e       7,062,865.       6,023,207.       577,157.         26 Joint costs. Complete this line only if the organization reported in column (B) joint costs       0       0       0		состс				
dPRESS_CLIPPINGS       25,584.       25,584.         e All other expenses       46,850.       30,612.       4,039.         25       Total functional expenses. Add lines 1 through 24e       7,062,865.       6,023,207.       577,157.       40         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs       0       0       0       0					4.176	119
e All other expenses       46,850.       30,612.       4,039.       30         25 Total functional expenses. Add lines 1 through 24e       7,062,865.       6,023,207.       577,157.       40         26 Joint costs. Complete this line only if the organization reported in column (B) joint costs       6,023,207.       577,157.       40					.,.,.	<u>د ۲ ۲</u>
25 Total functional expenses. Add lines 1 through 24e       7,062,865.       6,023,207.       577,157.       44         26 Joint costs. Complete this line only if the organization reported in column (B) joint costs       6,023,207.       577,157.       44					4.039	12,199
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs						462,501
from a combined educational campaign and	26 Joint costs. organization re from a combined	Complete this line only if the eported in column (B) joint costs ined educational campaign and	.,		5,,,,,5,,	102,501
fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720) 0			0			

rm 99	PARTNERSHIP FOR A DRUG-FREE AMERICA 00 (2015)	<u> </u>	15	3413627 Page <b>11</b>
art				
	Check if Schedule O contains a response or note to any line in this P	art X		
		(A) Beginning of year		<b>(B)</b> End of year
	I Cash - non-interest-bearing	2,219,211.	1	1,515,498.
	2 Savings and temporary cash investments	0.	2	0
:	B Pledges and grants receivable, net	385,487.	3	1,529,303
4	4 Accounts receivable, net	0.	4	0
	5 Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
0	organizations (see instructions). Complete Part II of Schedule L		•	0
<u>n</u>	7 Notes and loans receivable, net	0.	•	0
-	3 Inventories for sale or use	0.	8	0
	Prepaid expenses and deferred charges	69,377.	9	73,845
10	a Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D <b>10a</b> 826,731.		40.	202 000
	<b>b</b> Less: accumulated depreciation <b>10b</b> 432,751.			
11		8,734,791.		7,787,194
12		1,662,796.		1,667,477
13			13 14	0
14			14 15	0
15		13,516,761.		12,967,297
16		401,157.		338,321
			17	0
18				578,796
20				0
21		0.	20	0
		0.	21	
5   24	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L	0	22	C
23		0.		0
24		0.		0
25				
-	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	0
26		937,359.	26	917,117
2	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
é   27		11,333,016.	27	10,985,597
3 28		1,246,386.	28	1,064,583
2 29	Permanently restricted net assets	0.	29	0
27 28 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
្ពុំ 30			30	
n 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<b>⊈</b>   32	2 Retained earnings, endowment, accumulated income, or other funds		32	
2 33	3 Total net assets or fund balances	12,579,402.	33	12,050,180
34		13,516,761.	34	12,967,297

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 VII, column (A), line 22)         2       Total expenses (must equal Part VX, column (A), line 25)         3       Revenue less expenses. Subtract line 2 from line 1         4       12,579,402.         5       -447,552.         6       0.         7       0.         7       0.         8       0.         9       0.         9       0.         9       0.         9       0.         9       0.         9       0.         9       0.         9       0.         9       0.         9       0.         9       0.         9       0.         10       12,050,180.         11       Accounting method used to prepare the Form 990:       Cash X Accrual       Other         11       Accounting method used to prepare the Form 990:       Cash X Accrual       Other         11       Accounting method used to prepare the Form 990:       Cash X Accrual       Other	Form 99	90 (2015)			Pa	ige <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       6,981,195.         2       Total expenses (must equal Part IX, column (A), line 25)       2       7,062,865.         3       -841,670.       4       12,579,402.         5       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       12,579,402.         5       Net assets or fund balances and use of facilities       5       -447,552.         6       0.       6       0.         7       0.       8       0.         9       Other changes in net assets or fund balances (explain in Schedule O).       8       0.         10       12,050,180.       9       0.         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       ft he organization's financial statements compiled or reviewed van independent accountant?       2a       X         16       Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. or both:       2b       X         17       Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis. or both:       2b       X         16       "Yes," check a box b	Part	XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 7, 0.62, 865.   3 Revenue less expenses. Subtract line 2 from line 1 -81, 670.   4 12, 579, 402.   5 Net unrealized gains (losses) on investments 5   6 0.   7 0.   7 0.   8 0.   9 0.   9 0.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   10 12, 050, 180.   11 Accounting method used to prepare the Form 990:   12 Check if Schedule O contains a response or note to any line in this Part XII   11 Yes No   12 Yes No   13 Accounting method used to prepare the Form 990:   14 Accounting method used to prepare the Form 990:   15 Both consolidated basis, or both:   16 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:   11 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th></t<>						
2 Total expenses (must equal Part IX, column (A), line 25) 2 7, 0.62, 865.   3 Revenue less expenses. Subtract line 2 from line 1 -81, 670.   4 12, 579, 402.   5 Net unrealized gains (losses) on investments 5   6 0.   7 0.   7 0.   8 0.   9 0.   9 0.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))   10 12, 050, 180.   11 Accounting method used to prepare the Form 990:   12 Check if Schedule O contains a response or note to any line in this Part XII   11 Yes No   12 Yes No   13 Accounting method used to prepare the Form 990:   14 Accounting method used to prepare the Form 990:   15 Both consolidated basis, or both:   16 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:   11 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <t< td=""><td>1</td><td>Total revenue (must equal Part VIII, column (A), line 12)</td><th>1</th><td>б,9</td><td>981,1</td><td>195.</td></t<>	1	Total revenue (must equal Part VIII, column (A), line 12)	1	б,9	981,1	195.
3       Revenue less expenses. Subtract line 2 from line 1       3       -81,670.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       12,579,402.         5       Net unrealized gains (losses) on investments       5       -447,552.         6       Donated services and use of facilities       6       0.         7       Investment expenses       6       0.         8       Prior period adjustments       8       0.         9       Other changes in net assets or fund balances (explain in Schedule O)       8       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       12,050,180.         Part XII       Financial Statements and Reporting       12,050,180.       12,050,180.         Part XII       Financial Statements and Reporting       Yes No       12,050,180.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other," explain in Schedule O.         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       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:	2	Total expenses (must equal Part IX, column (A), line 25)	2	7,0	62,8	365.
4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       12,579,402.         5       Net unrealized gains (losses) on investments       5       -447,552.         6       Donated services and use of facilities       7       0.         7       0.       8       0.         9       0.       9       0.         9       0.       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       12,050,180.         PartXIII       Financial Statements and Reporting       10       12,050,180.         Check if Schedule O contains a response or note to any line in this Part XII       12       12,050,180.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other," explain in Schedule O.         2a       Were the organization's financial statements compiled or reviewed by an independent accountart?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indic	3	Revenue less expenses. Subtract line 2 from line 1	3	-	-81,6	570.
6       0.         7       Investment expenses         8       Prior period adjustments         9       0.         9       0.         9       0.         10       Net assets or fund balances (explain in Schedule O)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).         10       12,050,180.         Pert XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       1         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,5	579,4	102.
6       0.         7       Investment expenses         8       Prior period adjustments         9       0.         9       0.         9       0.         10       Net assets or fund balances (explain in Schedule O)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).         10       12,050,180.         Pert XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       1         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X	5	Net unrealized gains (losses) on investments	5	_ 4	147,5	552.
7       Investment expenses       7       0.         8       Prior period adjustments       0.         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       12, 050, 180.         Part XII       Financial Statements and Reporting       10       12, 050, 180.         Part XII       Financial Statements and Reporting       10       12, 050, 180.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       Consolidated basis, or both:       2b       X         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 an	6	Donated services and use of facilities	6			0.
<ul> <li>8 Prior period adjustments</li> <li>9 Other changes in net assets or fund balances (explain in Schedule O)</li> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</li> <li>Part XII Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>1 Accounting method used to prepare the Form 990: Cash X Accrual Other</li> <li>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</li> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>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 is both consolidated and separate basis</li> <li>b Were the organization's financial statements and the financial statements for the year were audited on a separate basis. Consolidated basis is or both:</li> <li>X Separate basis Consolidated basis or both:</li> <li>X Separate basis Consolidated basis is or both:</li> <li>X Separate basis is Consolidated basis is or both:</li> <li>X Separate basis Consolidated basis is or both:</li> <li>X Separate basis is Consolidated basis is or both:</li> <li>X Separate basis is Consolidated basis is or both:</li> <li>X Separate basis is Consolidated basis is both consolidated and separate basis</li> <li>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?</li> <li>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?</li> <li>B If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the line organization in addits? If the organizati</li></ul>	7	Investment expenses	7			0.
9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       12,050,180.         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       1       12,050,180.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       12         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       12       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       7       2a       X         1       Accounting from a prior year or checked "Other," explain in Schedule O.       9       0.       2a       X         1       f"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       B oth consolidated and separate basis       2b       X         1       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       B oth consolidated and separate basis       2b       X         1       "Yes," toick the audit, review, or compilation	8	Prior period adjustments	8			0.
33, column (B))       12,050,180.         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in S	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       2b       X         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?       2c       X         If the organization changed either its oversight process or sel	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       2b       X         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?       2c       X         If the organization changed eith		33, column (B))	10	12,0	)50,1	180.
1       Accounting method used to prepare the Form 990: Cash X Accrual Other       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a         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:       2a         Separate basis       Consolidated basis, or both:       2b         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:       2b         X       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b         X       Separate basis       Consolidated basis       Both consolidated and separate basis         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X	Part	XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.         2a Were the organization's financial statements compiled or reviewed by an independent accountant?         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.         Description         Separate basis       Consolidated basis, or both:         Separate basis       Consolidated basis         Description       Both consolidated and separate basis         b Were the organization's financial statements audited by an independent accountant?       2b         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2b         X       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?       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       3a         3a       As a result of a federal award, was the organization required to undergo an audit or audits as se					Yes	No
Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   b Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   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:   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
<ul> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis</li> <li>b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis</li> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>		If the organization changed its method of accounting from a prior year or checked "Other," e	xplain ir	n		
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:       Image: Consolidated basis, or both:       Im		Schedule O.				
<ul> <li>reviewed on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidate</li></ul>	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:         <ul> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> </ul> </li> <li>If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled o	r		
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<ul> <li>separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>						
X       Separate basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       Id       Id       Id						
<ul> <li>c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>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?</li> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the</li> </ul>						
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the Single Audit Act and OMB Circular A-133?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the       a	3.0		t forth in	n		
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ja					Х
	h					
	U U		0			

# SCHEDULE A

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

Department of the Treasury		Attach to Form 990 or				Open to Public
	ation about Schedule A	(Form 990 or 990-EZ) a	ind its ins	structions		
Name of the organization						ntification number
PARTNERSHIP FOR A DRUG		ragnizations must a	omplot	o this no		-3413627
Part Reason for Public O The organization is not a private					,	) <u> </u>
1 A church, convention of					,	
2 A school described in se						
3 A hospital or a coopera						
4 A medical research org	•	•				Viii) Entor the
hospital's name, city, an			spilai ue	Scribeu ii		
5 An organization operate		a college or universit		d or one	arated by a governme	antal unit described in
section 170(b)(1)(A)(iv)		a conege of universit	y owned		a governine	filar unit described in
6 A federal, state, or loca		romental unit describe	d in soct	ion 170(	'b)(1)(A)(y)	
7 X An organization that no						om the general nublic
described in section 17			ippon in	oni a yo		Sin the general public
8 A community trust desc			Part II )			
9 An organization that no			-		contributions memb	ershin fees and aross
receipts from activities	• • • • • • •					
support from gross in						
acquired by the organiza						
<b>10</b> An organization organiz				-		
11 An organization organiz	-		-			rrv out the purposes of
one or more publicly su	-					
the box in lines 11a thro				-		
a <b>Type I</b> . A supporting	-				-	-
		-	-			stees of the supporting
organization. You mus				lajonty o		tood of the supporting
<b>b Type II</b> . A supporting	-		nnectior	n with its	supported organizati	on(s), by having
control or manageme						
organization(s). <b>You m</b>		-		o p 0.001		age the copperiod
c Type III functionally i	-		ated in c	onnectio	n with, and functiona	Ilv integrated with.
its supported organiza						, , ,
d Type III non-functiona						ted organization(s)
that is not functionally	·		-			
requirement (see insti			-		-	
e Check this box if the c	,	•				II, Type III
functionally integrated						
f Enter the number of support						
<b>g</b> Provide the following inform	ation about the supp	orted organization(s).				
(i) Name of supported organization	<b>(ii)</b> EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
		(described on lines 1-9 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				1		
			Yes	No		
(A)						
(B)						
(						
(C)						
(c) 						
(D)						
(E)						

OMB No. 1545-0047

15

2

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,390,989.	6,463,222.	6,784,206.	6,592,835.	6,367,961.	32,599,213.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	6,390,989.	6,463,222.	6,784,206.	6,592,835.	6,367,961.	32,599,213.
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						
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from line 4.						7,052,615.
	tion B. Total Support						25,546,598.
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	6,390,989.	6,463,222.	6,784,206.	6,592,835.	6,367,961.	32,599,213.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	314,980.	295,086.	235,462.	273,419.	256,662.	1,375,609.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	675,000.	702,500.	671,000.	480,500.	508,750.	3,037,750.
11	Total support. Add lines 7 through 10						37,012,572.
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2015 (li					14	69.02%
15	Public support percentage from 2014					15	72.77%
16a	331/3% support test - 2015. If the o	-					
	this box and stop here. The organization	•		•			
b	331/3% support test - 2014. If the c	•					
	check this box and <b>stop here.</b> The org	•					
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets t			-	-		
	organization						
D	10%-facts-and-circumstances test - 2	•	-				
	15 is 10% or more, and if the organizati						-
4.0	Explain in Part VI how the organizati supported organization						
18	Private foundation. If the organization						
	instructions						<u> &lt;                                   </u>

Schedule A (Form 990 or 990-EZ) 2015

# Schedule A (Form 990 or 990-EZ) 2015

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ū	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid						
	-						
F	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						
h	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 a	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						
с	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.)	L	<u> </u>	<u> </u>			
14	First five years. If the Form 990 is f	0					
	organization, check this box and stop here						<u></u> .►
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8					15	%
16	Public support percentage from 2014 Sche					16	%
Sec	tion D. Computation of Investmen					1 1	
17	Investment income percentage for 2015 (li	ne 10c, column (	f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2014	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2015. If the or					re than 331/3 %	and line
	17 is not more than 331/3%, check th	-					
b	331/3% support tests - 2014. If the orga	-	-				
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•			
JSA	4.4.000						990 or 990-EZ) 2015

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

### Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? *If* "Yes," *provide detail in Part VI.*
- 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? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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))? *If* "Yes," *provide detail in Part VI.*
- **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? *If* "*Yes*," *provide detail in Part VI.*
- **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? *If* "Yes," *provide detail in Part VI.*
- **10 a** 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)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2015

Schedul	e A (Form 990 or 990-EZ) 2015		F	Page 5
Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sectio	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sectio	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sectio	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sectio	on E. Type III Functionally-Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	tructi	ons):	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instrue	ctions)	
-				No
2	Activities Test. Answer (a) and (b) below.			
а	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</i> "Yes," <i>then in</i> <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
L	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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>Provide details in <b>Part VI.</b></i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
JSA	Schedule A (Form		990-E2	Z) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must com			structions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

Secti	V Type III Non-Functionally Integrated 509(a)(3) tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 201
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
-	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
•	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a b				
	Excess from 2013			
<u>с</u>	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			A (Form 990 or 990-EZ)

PAGE 21

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

SCHEDULE A, PART II -	OTHER INCOME	1			ATTACHMENT 1	
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
FUNDRAISING EVENTS	675,000.	702,500.	671,000.	480,500.	508,750.	3,037,750.
TOTALS	675,000.	702,500.	671,000.	480,500.	508,750.	3,037,750.

V 15-6F

Schedule A (Form 990 or 990-EZ) 2015

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# Schedule of Contributors

OMB No. 1545-0047

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

2015

Employer identification number

Name of the organization

PARTNERSHIP FOR A DRUG-FREE AMERICA

13-3413627

# Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

### General Rule

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

### **Special Rules**

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

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

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

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

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

Name of organization PARTNERSHIP FOR A DRUG-FREE AMERICA

13-3413627

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>    1                                </u>		\$650,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$427,785.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$325,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization PARTNERSHIP FOR A DRUG-FREE AMERICA

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$629,125.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$340,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$257,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11		\$275,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization PARTNERSHIP FOR A DRUG-FREE AMERICA

Employer identification number 13-3413627

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

				13-3413627
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the the following line entry. For organizatio contributions of \$1,000 or less for the	<b>ne year from any o</b> ns completing Part year. (Enter this info	<b>ne contributor.</b> Collin, enter the total of prmation once. See	mplete columns (a) through (e) and exclusively religious, charitable, etc.
(a) No. from	Use duplicate copies of Part III if additio	(c) Use o		(d) Description of how gift is held
Part I				
		(e) Transfe	r of gift	
	Transferee's name, address, and	ZIP + 4	Relationsl	nip of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
Part I				
		(e) Transfe	r of gift	
	Transferee's name, address, and	ZIP + 4	Relationsl	nip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfe		nip of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use o	f gift	(d) Description of how gift is held
Part I				
		(e) Transfe	r of gift	
	Transferee's name, address, and	ZIP + 4	Relationsl	nip of transferor to transferee

Internal Revenue Service If the organization answ			990-EZ) and its instru	ctions is at www.irs.gov/forn	Z. Open to Public <sup>1990.</sup> Inspection
<ul> <li>Section 501(c)(3) c</li> </ul>	•	orm 990, Part IV, line 3, or For blete Parts I-A and B. Do not com		46 (Political Campaign Activiti	
<ul> <li>Section 501(c) (oth</li> </ul>	ner than section 50	1(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Part I-B.	
<ul> <li>Section 527 organi</li> </ul>	zations: Complete F	Part I-A only.			
If the organization answ	wered "Yes," on Fo	orm 990, Part IV, line 4, or For	m 990-EZ, Part VI, line 4	47 (Lobbying Activities), then	
<ul> <li>Section 501(c)(3) c</li> </ul>	organizations that h	ave filed Form 5768 (election u	under section 501(h)): C	complete Part II-A. Do not com	plete Part II-B.
	0	ave NOT filed Form 5768 (elec	,	<i>,,</i> ,	•
Tax) (see separate instr	uctions), then	orm 990, Part IV, line 5 (Prox	y Tax) (see separate i	instructions) or Form 990-E	Z, Part V, line 35c (Proxy
• Section 501(c)(4), Name of organization	(5), 01 (6) 01ganizati	ons. Complete Part III.		Employer iden	tification number
6					
PARTNERSHIP FOR			r anotion E01(a) ar	13-341	
•	•	nization is exempt under		•	
		nization's direct and indirect			
3 Volunteer hours			• • • • • • • • • • • •		
		nization is exempt under			
1 Enter the amour	nt of any excise ta	ax incurred by the organizati	on under section 49	55▶\$	
		ax incurred by organization r			
		tion 4955 tax, did it file Forn			
4a Was a correction	n made?				Yes No
<b>b</b> If "Yes," describe					
-	-	nization is exempt under	· /·		
		ded by the filing organization			
		ganization's funds contribute			
3 Total exempt fu	unction expenditu	res. Add lines 1 and 2. E	nter here and on F	Form 1120-POL,	
	· · · · · · · · · · · ·			▶३	
<ul><li>4 Did the filing org</li><li>5 Enter the names</li></ul>	janization file For	m 1120-POL for this year? . employer identification num	her (EINI) of all cost	ion 527 political organiza	Yes No
organization ma the amount of p	de payments. Fo political contributi	r each organization listed, e ons received that were pro a political action committee	enter the amount pa mptly and directly d	id from the filing organizate filing organizate in the filing organizate pole of the filing of the f	ation's funds. Also enter litical organization, such
(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(a) Name		(b) Address	(C) EIN		contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)			_		
(4)			_		
(5)			_		
(6)					

**Political Campaign and Lobbying Activities** 

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

SCHEDULE C

(Form 990 or 990-EZ)

OMB No. 1545-0047

2015

Sch	edule C (Form 990 or 990-EZ) 2015 PARTNE	RSHIP FOR A DRUG-FREE AMERICA	13-34	413627 F	Page 2
Pa	rt II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under	
Α		belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		oup member'	S
В	Check ► _ if the filing organization	checked box A and "limited control" provisi	ons apply.		
		ying Expenditures	(a) Filing	(b) Affiliated	ł
	(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals	;
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)			
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	35,980.		
C	Total lobbying expenditures (add lines 1	a and 1b)	35,980.		
C	Other exempt purpose expenditures		7,026,885.		
e	Total exempt purpose expenditures (add	d lines 1c and 1d)	7,062,865.		
f	Lobbying nontaxable amount. Enter the	e amount from the following table in both			
	columns.		503,143.		
	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.			
		5% of line 1f)	125,786.		
		ess, enter -0-	0.		0.
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-	0.		0.
j		on either line 1h or line 1i, did the organiza			_
	reporting section 4911 tax for this year?	<u></u>		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)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total					
2a Lobbying nontaxable amount	580,848.	601,096.	555,856.	503,143.	2,240,943.					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					3,361,415.					
c Total lobbying expenditures	25,010.			35,980.	60,990.					
d Grassroots nontaxable amount	145,212.	150,274.	138,964.	125,786.	560,236.					
e Grassroots ceiling amount (150% of line 2d, column (e))					840,354.					
f Grassroots lobbying expenditures										

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (	chedule C (Form 990 or 990-EZ) 2015								Pa
Part II-B	Complete if t (election und	the organ ler sectio	ization is ex n 501(h)).	empt und	er sectio	n 501(c	)(3) and has NO	T filed For	m 5768
For each	"Yes," response	on lines	1a through	1i below.	provide	in Part	IV a detailed	(a)	(b)

des	cription of the lobbying activity.	Yes	No	A	nount	
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:					
а	Volunteers?					
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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					
С	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?					
Ра	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2				2	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				;	
Ра	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection		
_	504(c)(0) and if either (c) DOTU Dert III A lines 4 and 0 are an even of INIs I		-> D-			

# 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 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of

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).		
а	Current year	2a	
b	Carryover from last year	2b	
С	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.

Part IV Supplemental Information (continued)

SCHEE	DULE	D
(Form	990)	

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

Depa	artment of the Treasury		Attach to Form 990.			Open to	
	nal Revenue Service	Information about Schedu	le D (Form 990) and its instructions is at www			Inspect	ion
	e of the organization			Em	ployer identificat		
-		A DRUG-FREE AMERICA			13-341362	27	
Pa			vised Funds or Other Similar Funds o	r Acco	ounts.		
	Complete	if the organization answered	"Yes" on Form 990, Part IV, line 6.				
			(a) Donor advised funds		(b) Funds and	other accou	nts
1		nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5	-		r advisors in writing that the assets held				
	-		e organization's exclusive legal control?			Yes	No
6	-	-	and donor advisors in writing that grant				
	-		efit of the donor or donor advisor, or for	-		<b>—</b>	<b>—</b>
			<u></u>			Yes	No
Pa		tion Easements.					
-			"Yes" on Form 990, Part IV, line 7.				
1		-	e organization (check all that apply).				
		n of land for public use (e.g., rec			istorically imp		
		of natural habitat		n of a c	ertified histor	ic structur	e
•		n of open space					
2			neld a qualified conservation contribution i	n the t	Held at the		Tay Voar
		last day of the tax year.			Held at the		
a				2a			
b			ts	2b			
C			historic structure included in (a)	2c			
d			c) acquired after 8/17/06, and not on a	0.1			
•		-		2d			al cara de s
3			nsferred, released, extinguished, or termi	nated	by the organ	ization du	ring the
	tax year ►						
4			ervation easement is located				
5	-		garding the periodic monitoring, inspec		-		
•			asements it holds?			└── Yes	└── No
6	Staff and volunteer	hours devoted to monitoring, inspe-	cting, handling of violations, and enforcing co	nservat	ion easements	during the	year
-			den beseller of the design of the second second second				
7		ses incurred in monitoring, inspec	cting, handling of violations, and enforcing (	conser	vation easem	ents during	g the year
•	►\$						
8		•	2(d) above satisfy the requirements of sec				□
•			conservation easements in its revenue ar				└── No
9			of the footnote to the organization's finan				he
		counting for conservation easeme		5101 510			
Pa			s of Art, Historical Treasures, or Othe	er Sim	ilar Assets.		
	Complete	e if the organization answered	I "Yes" on Form 990, Part IV, line 8.				
1a				rovon	uo statomont	and hala	nco shoo
Ia	public service, pro	ovide, in Part XIII, the text of the f	FAS 116 (ASC 958), not to report in its ar assets held for public exhibition, ed ootnote to its financial statements that de	scribes	s these items.		
b	works of art, hist		SFAS 116 (ASC 958), to report in its ar assets held for public exhibition, ed ting to these items:				
		-		_	⊅ ∢		
2			art, historical treasures, or other similar				
-	•		SFAS 116 (ASC 958) relating to these iten			. gain, pi	
а					⊅ ∢		
b	Assets included in	1 Form 990, Part X			►\$		

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

Schedule D (Form 990) 2015

OMB No. 1545-0047 2015

PARTNERSHIP FOR A DRUG-FREE AMERICA

Sche	dule D (Form 990) 2015											Р	age <b>2</b>
Pa	t III Organizations Maintainir												
3	Using the organization's acquisitio	n, acces	sion, and o	other recor	ds, chec	k any d	of the	follow	ving that a	are a sign	ificant u	ise o	of its
	collection items (check all that appl	y):			_								
а	Public exhibition			d	Loan	or exch	ange	prograi	ns				
b	Scholarly research			e	Other								
С	Preservation for future gener	rations											
4	Provide a description of the organ	nization's	collections	s and expla	ain how t	they fu	rther	the or	ganization'	s exempt	purpos	in in	Part
	XIII.												
5	During the year, did the organization	n solicit	or receive o	donations c	of art, hist	orical ti	reasu	res, or	other simil	ar			_
	assets to be sold to raise funds rath	er than t	o be mainta	ained as pa	art of the	organiz	ation'	s colleo	ction?	[	Yes		No
Pa	t IV Escrow and Custodial Ar												
	Complete if the organizati	ion ansv	vered "Yes	s" on Form	n 990, Pa	art IV, I	line 9	, or re	ported an	amount	on For	m	
	990, Part X, line 21.												
1a	Is the organization an agent, truste	e, custo	dian or othe	er intermed	liary for c	ontribu	tions	or othe	r assets no	ot			
	included on Form 990, Part X?									[	Yes		No
b	If "Yes," explain the arrangement in												-
									A	mount			
с	Beginning balance						1c						
d	Additions during the year												
е	Distributions during the year												
f	Ending balance						1f						
2a	Did the organization include an am							stodial	account lia	bility?	Yes		No
b	If "Yes," explain the arrangement in												1
	t V Endowment Funds.				•							-	
	Complete if the organizat	ion ansv	vered "Yes	s" on Forn	n 990, Pa	art IV,	line 1	0.					
			rrent year	(b) Pric			vo year		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance				-							-	
b	Contributions												
	Net investment earnings, gains,												
С	and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance					· .							
2	Provide the estimated percentage Board designated or quasi-endowm		rrent year	end balanc	e (line 1g,	, columi	n (a))	held as	:				
a b	Permanent endowment	lent ▶%											
	Temporarily restricted endowment	/ 4	%										
С	The percentages on lines 2a, 2b, a			1000/									
20	Are there endowment funds not in		•		tion that	ara ha	ld on	a a d m ir	intered for	the			
Ja		ine poss		le organiza	ation that	are ne	iu and	aanni	listered for	line	Г	Yes	No
	organization by:											163	
	(i) unrelated organizations										3a(i)		
	(ii) related organizations										3a(ii)		
	If "Yes" on line 3a(ii), are the relate	•					<b ..	• • • •			3b		
4	Describe in Part XIII the intended u	ises of th	ne organiza	ition's endo	wment fu	nds.							
Pa	t VI Land, Buildings, and Equi Complete if the organiza	tion ans	wered "Ye	s" on Fori	m 990. F	Part IV.	line	11a. S	ee Form	990. Par	t X. line	10.	
	Description of property		(a) Cost or	other basis	(b) Cost of	or other b		(c) Acc	cumulated		) Book va		
10	Land		(inves	tment)	(c	other)		depr	eciation	-			
1a ⊾	Land												
b	Buildings				-				01 000		~		<u></u>
C	Leasehold improvements					330,7			21,803.				31.
d	Equipment					L21,8			02,661.				.85.
e	Other		<u> </u>			374,1			08,287.				64.
I ota	I. Add lines 1a through 1e. (Column	(a) mus	t equal Forr	n 990. Part	X, colum	n (B), lii	ne 10	C.)			3.	,3,9	80.

Schedule D (Form 990) 2015

#### Schedule D (Form 990) 2015 Page 3 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) HEDGE FUNDS 1,667,477. FMV (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 1,667,477 Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3) (4) (5) (6)(7)(8)(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

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

Schedu	le D (Form 990) 2015		Page <b>4</b>
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.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	90,220,852.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	83,239,657.
3	Subtract line 2e from line 1	3	6,981,195.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )	5	6,981,195.
Part		irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	90,750,074.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	83,687,209.
3	Subtract line 2e from line 1	3	7,062,865.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )	5	7,062,865.
	XIII Supplemental Information.		
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V, li	ne 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	

SEE PAGE 5

SCHEDULE D, PART XI & PART XIII, LINE 2D RECONCILIATION OF REVENUE AND EXPENSES SPECIAL EVENTS FUNDRAISING COSTS......\$178,458.

SCHEDULE D, PART X, LINE 2

THE PARTNERSHIP IS AN ORGANIZATION DESCRIBED UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE (THE CODE) AND HAS BEEN CLASSIFIED AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 509(A) OF THE CODE. ACCORDINGLY, IT IS NOT SUBJECT TO INCOME TAXES EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSE. THE PARTNERSHIP RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR 2015 AND 2014 AS THERE WERE NO ACTIVITIES THAT WERE NOT RELATED TO ITS EXEMPT PURPOSE.

SCHEDULE F	Statem	nent of A	ctivities	Outside the Uni	ted States	OMB No. 1545-0047
(Form 990)				"Yes" on Form 990, Part IV,		2015
Department of the Treasury		-		Open to Public		
Internal Revenue Service	► Information	n about Schedi	ule F (Form 990	) and its instructions is at WM	-	Inspection
Name of the organization PARTNERSHIP FOR					Employer iden 13-3413	tification number
			Outside the I	Jnited States. Complete		
	), Part IV, line 14				in the organization an	
				substantiate the amount o		
-	-			e, and the selection criter		Yes No
-	<b>s.</b> Describe in I de the United Sta		ganization's p	rocedures for monitoring	the use of its gran	ts and other
3 Activities per Re	gion. (The follow	ing Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
(a) Regic	n	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) a program service, describe specific type of service(s) in region	expenditures for
(1) CENTRAL AMERICA	/CARTBBEAN			INVESTMENTS		1,667,477.
	, CHILIDDHIN					1,007,177.
(2)						
(3)						
_(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17) 3a Sub-total						1 669 499
<b>b</b> Total from	continuation					1,667,477.
sheets to Part I c Totals (add lin						1 667 477

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Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

Part II	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.										
1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities.....

Schedule F (Form 990) 2015

Part III can be duplicated if ad	Iditional space is need	ed.			<b>(5)</b> Annound of		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2015

JSA 5E1276 1.000 Page 3

PARTNERSHIP FOR A DRUG-FREE AMERICA

Schedu	le F (Form 990) 2015			Page <b>4</b>
Part	IV Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X	No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE	-		tal Information R					ОМВ No. 1545-0047
(Form 990 or 990-EZ) organization diserved res on on sol, furthy, inc. 17, 10, or 10,								
Department of the Treasury Internal Revenue Service     Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.								Open to Public Inspection
Name of the orga					,		Employer identificat	
PARTNERSH	IP FOR	A DRUG-FREE AN	IERICA				13-341362	7
Dent	undrais	ng Activities. Com	plete if the orga	nization a	answered	"Yes" on Form	990, Part IV, line	e 17.
Part I	Form 990	D-EZ filers are not i	equired to compl	lete this p	oart.			
1 Indicate	e whether	the organization rais	ed funds through a	any of the	following	activities. Check a	all that apply.	
	ail solicitat		е	Solic	itation of I	non-government g	Irants	
<b>b</b> Int	ernet and	email solicitations	f			government grant	S	
	one solici		g	Spec	cial fundra	ising events		
	person so							
or key <b>b</b> If "Yes,	employee " list the t	tion have a written or s listed in Form 990, en highest paid indi least \$5,000 by the o	Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No
<b>(i)</b> Na	ne and addr or entity (fu	ess of individual ndraiser)	<b>(ii)</b> Activity	custody o	draiser have r control of utions?	(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			
1								
2								
2								
3								
4								
5								
6								
7								
8								
9								
10								
3 List all		which the organizat			L ► I to solicit	contributions or	has been notified	d it is exempt from

#### Schedule G (Form 990 or 990-EZ) 2015

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 ANNUAL GALA	(b) Event #2 ALL STAR	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c)
e l		(0.00.0)(0.0)	(0.000.0)PD)	(	
enue 1	Gross receipts	1,270,735.	79,000.		1,349,735
ข์ ย					
	Less: Contributions	801,985.	39,000.		840,985
3	Gross income (line 1 minus				
	line 2)	468,750.	40,000.		508,750
4	Cash prizes				
5	Noncash prizes				
ю I					
<b>6</b>   Se	Rent/facility costs	145,158.	11,150.		156,308
- xbe	E. d. d. d. b. and b.		15 220		15 220
11 <b>/</b>	Food and beverages		15,330.		15,330
Olifect Expenses	Entertainment		3,712.		3,712
-   נ					0,122
9	Other direct expenses		3,108.		3,108
	Diseast armana a summer and Add lines of	4 (b) a second of the second secon			
10	,	through 9 in column (d	)	🕨	
11	Net income summary. Subtract line 1	0 from line 3, column (d	)	<u> </u>	330,292
	Net income summary. Subtract line 1 <b>Gaming.</b> Complete if the orga	0 from line 3, column (d anization answered "Y	)	<u> </u>	330,292
11 Part	Net income summary. Subtract line 1	0 from line 3, column (d anization answered "Y	) ′es" on Form 990, Par	► IV, line 19, or rep	330,292 orted more
11 Part	Net income summary. Subtract line 1 <b>Gaming.</b> Complete if the orga	0 from line 3, column (d anization answered "Y	)	<u> </u>	330,292
11 Part	Net income summary. Subtract line 1 <b>Gaming.</b> Complete if the orga	0 from line 3, column (d anization answered "Y Z, line 6a.	) és" on Form 990, Par (b) Pull tabs/instant	► IV, line 19, or rep	330,292 orted more (d) Total gaming (add
11 Part	Net income summary. Subtract line 1 <b>Gaming.</b> Complete if the orga	10 from line 3, column (d anization answered "Y Z, line 6a. (a) Bingo	) és" on Form 990, Par (b) Pull tabs/instant	► IV, line 19, or rep	330, 292 orted more (d) Total gaming (add
11 Part	Net income summary. Subtract line 1 <b>Gaming.</b> Complete if the orgathan \$15,000 on Form 990-E	10 from line 3, column (d anization answered "Y Z, line 6a. (a) Bingo	) és" on Form 990, Par (b) Pull tabs/instant	► IV, line 19, or rep	330, 292 orted more (d) Total gaming (add
11 Part	Net income summary. Subtract line 1 <b>Gaming.</b> Complete if the orgathan \$15,000 on Form 990-E	0 from line 3, column (d anization answered "Y EZ, line 6a. (a) Bingo	) <b>(b)</b> Pull tabs/instant bingo/progressive bingo	► IV, line 19, or rep	330, 292 orted more (d) Total gaming (add
	Net income summary. Subtract line 1         Gaming. Complete if the orgation \$15,000 on Form 990-E         Gross revenue         Cash prizes	10 from line 3, column (d anization answered "Y EZ, line 6a. (a) Bingo	) <b>(b)</b> Pull tabs/instant bingo/progressive bingo	► IV, line 19, or rep	330,292 orted more (d) Total gaming (add
11 Part	Net income summary. Subtract line 1 Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue	10 from line 3, column (d anization answered "Y EZ, line 6a. (a) Bingo	) <b>(es" on Form 990, Par</b> <b>(b)</b> Pull tabs/instant bingo/progressive bingo	► IV, line 19, or rep	330,292 orted more (d) Total gaming (add
11 Part	Net income summary. Subtract line 1         Gaming. Complete if the orgation than \$15,000 on Form 990-E         Gross revenue         Cash prizes         Noncash prizes	10 from line 3, column (d anization answered "Y EZ, line 6a. (a) Bingo	) (es" on Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	► IV, line 19, or rep	330, 292 orted more (d) Total gaming (add
11 Part enuevex 1 3	Net income summary. Subtract line 1         Gaming. Complete if the orgation \$15,000 on Form 990-E         Gross revenue         Cash prizes	10 from line 3, column (d anization answered "Y EZ, line 6a. (a) Bingo	) (es" on Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	► IV, line 19, or rep	330, 292 orted more (d) Total gaming (add
Dilect Expenses	Net income summary. Subtract line 1         Gaming. Complete if the orgation \$15,000 on Form 990-E         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs	10 from line 3, column (d anization answered "Y EZ, line 6a. (a) Bingo	) (es" on Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	► IV, line 19, or rep	330,292 orted more (d) Total gaming (add
Dilect Expenses	Net income summary. Subtract line 1         Gaming. Complete if the orgation than \$15,000 on Form 990-E         Gross revenue         Cash prizes         Noncash prizes	10 from line 3, column (d anization answered "Y EZ, line 6a. (a) Bingo	) (es" on Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or reported to the second sec	330,292 orted more (d) Total gaming (add col. (a) through col. (c))
11 Part enuexe sesuada 3 4 5	Net income summary. Subtract line 1         Gaming. Complete if the orgation \$15,000 on Form 990-E         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs	10 from line 3, column (d anization answered "Y EZ, line 6a. (a) Bingo	) (es" on Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	► IV, line 19, or rep	330,292 orted more (d) Total gaming (add col. (a) through col. (c))
11 Part enuexe sesuada 3 4 5	Net income summary. Subtract line 1         Gaming. Complete if the orgation \$15,000 on Form 990-E         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses	10 from line 3, column (d anization answered "Y EZ, line 6a. (a) Bingo	) 'es" on Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo (c) Other gaming	330,292 orted more (d) Total gaming (add col. (a) through col. (c))
Part Part enueven sesued sesue	Net income summary. Subtract line 1         Gaming. Complete if the orgation \$15,000 on Form 990-E         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses	I 0 from line 3, column (d anization answered "Y Z, line 6a. (a) Bingo	) /es" on Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo (c) Other gaming	330,292 orted more (d) Total gaming (add col. (a) through col. (c))
Part Part Part Part Part Part Part Part	Net income summary. Subtract line 1         Gaming. Complete if the orgation shows in \$15,000 on Form 990-E         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses         Volunteer labor	10 from line 3, column (danization answered "YEZ, line 6a.         (a) Bingo         (a) Bingo         (a) Bingo         No         2 through 5 in column (dags of the second sec	) (es" on Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo (c) Other gaming	330,292 orted more (d) Total gaming (add col. (a) through col. (c))

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

Schedule G (Form 990 or 990-EZ) 2015

PARTNERSHIP	FOR	Α	DRUG-FREE	AMERICA

Sched	Jule G (Form 990 or 990-EZ) 2015	Page 3
11	Does the organization conduct gaming activities with nonmembers?	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:	
а	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 ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
		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 ► \$	
С	If "Yes," enter name and address of the third party:	
	Name	
	Address ►	
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation ► \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а		
	retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year 🕨 \$	
Par	<b>t IV</b> Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2015

	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				омв №. 1545-0047 20) <b>15</b>		
					pen to	Puk	olic
	nent of the Treasury Revenue Service	► Information about Schedule J (Fo	Attach to Form 990. orm 990) and its instructions is at www.irs.gov/f				
	of the organization	, , , , , , , , , , , , , , , , , , ,		Employer identification			
PART	INERSHIP F	OR A DRUG-FREE AMERICA		13-341362	7		
Part	Question	s Regarding Compensation					
						Yes	No
1a			ovided any of the following to or for a pers				
	990, Part VII,	Section A, line 1a. Complete Part III to	provide any relevant information regarding	these items.			
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of persor	nal residence			
	Tax inde	emnification and gross-up payments	Health or social club dues or initiatio	n fees			
	Discretio	onary spending account	Personal services (e.g., maid, chauffe	eur, chef)			
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re openses described above? If "No," com	plete Part III to			
	explain				1b		
2	•		to reimbursing or allowing expenses				
		· · · · · · · · · · · · · · · · · · ·	D/Executive Director, regarding the items	checked in line			
				• • • • • • • • •	2		
3			nization used to establish the compensatio				
	organization's	CEO/Executive Director. Check all the	at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa	ds used by a			
	<u> </u>	•		art III.			
	· ·	nsation committee	Written employment contract           X         Compensation survey or study				
	· ·	dent compensation consultant					
	Form 99	00 of other organizations	X Approval by the board or compensa	tion committee			
4			Part VII, Section A, line 1a, with respect to	the filing			
_	•	or a related organization:	euro ent?		4-		х
a k			ayment? ental nonqualified retirement plan?		4a		X
b					4b 4c		X
С			ased compensation arrangement? rovide the applicable amounts for each ite		40		
	Il res to an	y of lines 4a-c, list the persons and p	rovide the applicable amounts for each the	em in Part III.			
	Only contion	501(a)/2 $501(a)/4$ and $501(a)/20$ at	rganizations must complete lines 5–9.				
5			, line 1a, did the organization pay or accrue a	001/			
3	•	n contingent on the revenues of:	, line ra, did the organization pay of accide a	arry			
а	•	•			5a		х
a b					5b		X
~	-	e 5a or 5b, describe in Part III.			0.0		
6			, line 1a, did the organization pay or accrue a	anv			
-	-	n contingent on the net earnings of:					
а		8			6a		Х
b					6b		X
	-	e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization provi	de any non-fixed			
•			lescribe in Part III.		7		Х
8			paid or accrued pursuant to a contract that				
			Regulations section 53.4958-4(a)(3)? If				
					8		Х
9			low the rebuttable presumption procedu				
					9		
For Pa		ction Act Notice, see the Instructions for Fe			ule J (Fo	rm 99	0) 2015

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MARCIA LEE TAYLOR	(i)	214,532.	0.	0.	8,581.	0.	223,113.	0
1 <sup>PRESIDENT &amp; CEO</sup>	(ii)	0.	0.	0.	0.	0.	0.	C
SEAN CLARKIN	(i)	157,500.	0.	0.	6,300.	0.	163,800.	C
$2^{\text{EVP}}$ , research & extl relations	(ii)	0.	0.	0.	Ο.	0.	0.	0
JOHN IRVING	(i)	157,150.	0.	0.	6,286.	0.	163,436.	C
3 <sup>SVP, MEDIA DIRECTOR</sup>	(ii)	0.	0.	0.	0.	0.	0.	(
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
0	(ii)							
-	(i)							
11	(ii)							
	(i)							
12	(ii)							
-	(i)							
13	(ii)							
	(i)							
4	(ii)							
17	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

## Part III Supplemental Information

Complete this part to 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.

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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.



Department of the Treasury Internal Revenue Service Name of the organization

PARTNERSHIP FOR A DRUG-FREE AMERICA

Employer identification number

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION THE PARTNERSHIP FOR DRUG-FREE KIDS IS DEDICATED TO REDUCING SUBSTANCE ABUSE AMONG ADOLESCENTS BY SUPPORTING FAMILIES AND ENGAGING WITH TEENS. ON OUR WEBSITE, DRUGFREE.ORG, AND THROUGH OUR TOLL-FREE HELPLINE (1-855-DRUGFREE), WE PROVIDE DIRECT SUPPORT AND GUIDANCE TO HELP FAMILIES STRUGGLING WITH A CHILD'S SUBSTANCE USE. WE BUILD HEALTHY COMMUNITIES, ADVOCATING FOR GREAT ACCESS TO ADOLESCENT TREATMENT AND FUNDING FOR YOUTH PREVENTION PROGRAMS. FINALLY, WE DEVELOP PUBLIC EDUCATION CAMPAIGNS THAT DRIVE AWARENESS OF TEEN SUBSTANCE USE, AND LEAD TEEN-TARGETED EFFORTS THAT INSPIRE YOUNG PEOPLE TO MAKE POSITIVE DECISIONS TO STAY HEALTHY AND AVOID DRUGS AND ALCOHOL. AS A NATIONAL NONPROFIT, WE DEPEND ON DONATIONS FROM INDIVIDUALS, CORPORATIONS, FOUNDATIONS AND THE PUBLIC SECTOR AND ARE THANKFUL TO SAG-AFTRA AND THE ADVERTISING AND MEDIA INDUSTRIES FOR THEIR ONGOING GENEROSITY. WE ARE PROUD TO RECEIVE A FOUR-STAR RATING FROM CHARITY NAVIGATOR, AMERICA'S LARGEST AND MOST-UTILIZED INDEPENDENT EVALUATOR OF CHARITIES, AS WELL AS A NATIONAL ACCREDITED CHARITY SEAL FROM THE BETTER BUSINESS BUREAU'S WISE GIVING ALLIANCE.

FORM 990, PART III, LINE 4A

#### THE MEDICINE ABUSE PROJECT

IT PROVIDES STEPS ON HOW TO DISPOSE OF EXPIRED OR UNUSED MEDICINE AND SAFEGUARD THE MEDICINE IN YOUR HOME, COMPREHENSIVE INFORMATION ABOUT THE MOST-ABUSED PRESCRIPTION DRUGS, AS WELL AS A NEW INFOGRAPHIC ON THE TRANSITION FROM RX DRUG ABUSE TO HEROIN USE. Name of the organization PARTNERSHIP FOR A DRUG-FREE AMERICA Employer identification number 13-3413627

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

COMMUNICATIONS:

THE PARTNERSHIP FOR DRUG-FREE KIDS APPLIES ITS UNIQUE EXPERTISE IN COMMUNICATIONS TO HELP REACH FAMILIES EVERY DAY WITH THE INFORMATION THEY NEED TO ADDRESS TEEN SUBSTANCE USE. WE OFFER WEB-BASED EDUCATIONAL TOOLS, AS WELL AS A TOLL-FREE HELPLINE AND OTHER RESOURCES THAT TRANSLATE THE SCIENCE OF DRUG USE AND ADDICTION, PROVIDING PARENTS WITH DIRECT SUPPORT TO COPE WITH TEEN SUBSTANCE USE. WE RELY ON THE MEDIA TO DONATE TIME AND SPACE AND ON ADVERTISING AGENCIES TO VOLUNTEER THEIR RESOURCES FOR ADVERTISING CAMPAIGNS. IN TURN, WE SECURE APPROXIMATELY \$79 MILLION IN DONATED NATIONAL AND LOCAL MEDIA SPACE FROM OUR DEDICATED MEDIA PARTNERS. THROUGH OUR PUBLIC EDUCATION INITIATIVES, OUR PUBLIC SERVICE ANNOUNCEMENTS MAKE UP THE LARGEST SINGLE-ISSUE PUBLIC SERVICE CAMPAIGN IN ADVERTISING HISTORY. OUR WEBSITE, DRUGFREE.ORG HAD MORE THAN 3.3 MILLION UNIQUE VISITORS IN 2015.

#### THE METH PROJECT:

THE METH PROJECT IS A LARGE-SCALE PREVENTION PROGRAM AIMED AT REDUCING METH USE THROUGH PUBLIC SERVICE MESSAGING, PUBLIC POLICY AND COMMUNITY OUTREACH. CENTRAL TO THE PROGRAM ARE A RESEARCH-BASED MARKETING CAMPAIGN, COMMUNITY ACTION PROGRAMS AND AN IN-SCHOOL LESSON ALL DESIGNED TO COMMUNICATE THE RISKS OF METH USE. THE FOLLOWING METH PROJECT STATES ARE MEMBERS OF THE PARTNERSHIP FOR DRUG-FREE KIDS: RISE ABOVE COLORADO, GEORGIA PREVENTION PROJECT, COALITION FOR DRUG-FREE HAWAII, IDAHO

Schedule O (Form 990 or 990-EZ) 2015

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Schedule O (Form 990 or 990-EZ) 2015				
Name of the organization	Employer identification number			
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PREVENTION PROJECT, MONTANA METH PROJECT AND WYOMING METH PROJECT.

THE ALLIANCE PROGRAM IS COMPRISED OF STATE AND LOCAL GOVERNMENT AGENCIES AND NONPROFIT ORGANIZATIONS OPERATING IN 19 STATES/CITIES. THESE PARTNERS ARE THE FOUNDATION OF LOCALLY BASED EDUCATION PROJECTS. THIS INTEGRATED NETWORK IS CONTINUALLY FINDING NEW WAYS TO DO THEIR WORK AND NEW PARTNERS TO ENLIST IN THEIR ONGOING EFFORTS TO ADDRESS EMERGING DRUG THREATS AND TO CONNECT THE PUBLIC WITH LOCAL RESOURCES. THESE ALLIANCES ARE FURTHER SUPPORTED BY OUR STAFF WHO TRAVEL THE NATION PROVIDING TECHNICAL ASSISTANCE, SUPPORTING MEDIA SOLICITATION, ACTING AS SPOKESPERSONS AND STRIVING TO MAKE CERTAIN THAT THE PARTNERSHIP FOR DRUG-FREE KIDS CONTINUES TO EVOLVE TO BETTER SUPPORT COMMUNITY NEEDS.

#### PERFORMANCE ENHANCING DRUGS:

THE PARTNERSHIP FOR DRUG-FREE KIDS EDUCATES FAMILIES, COACHES AND ATHLETES ON THE RISKS OF STEROIDS AND PERFORMANCE ENHANCING SUBSTANCES. MAJOR LEAGUE BASEBALL HAS SUPPORTED THE PARTNERSHIP FOR DRUG-FREE KIDS' MESSAGE OVER THE LAST SEVERAL YEARS WITH MORE THAN \$42 MILLION IN MEDIA EXPOSURE AND GRASSROOTS INITIATIVES TO BUILD AWARENESS FOR THE PERILS OF PERFORMANCE ENHANCING DRUGS AND STEROID USE. THE COMMISSIONER'S PLAY HEALTHY AWARDS ARE A PROGRAM COMPONENT AND A CULMINATION OF BOTH ORGANIZATIONS' COMPREHENSIVE NATIONWIDE EFFORTS, INCLUDING THE PLAY HEALTHY WEBSITE, TO EDUCATE FAMILIES ON THE RISKS OF STEROIDS AND PERFORMANCE-ENHANCING SUBSTANCES AND TO RECOGNIZE YOUTH COACHES AND STUDENT ATHLETES WHO EMBODY THE SPIRIT OF TEAMWORK AND HEALTHY, DRUG-FREE PARTNERSHIP FOR A DRUG-FREE AMERICA

Page 2

COMPETITION.

#### COMMUNITY EDUCATION AND OTHER PROGRAMS:

AS PART OF OUR GRASSROOTS EFFORTS, THE PARTNERSHIP FOR DRUG-FREE KIDS' STAFF EDUCATES AND MOBILIZES COMMUNITIES ABOUT THE DANGERS OF ALCOHOL AND DRUGS. COLLABORATING WITH LOCAL LAW ENFORCEMENT OFFICERS, TREATMENT AND PREVENTION PROFESSIONALS, PARTNERSHIP STAFF CONDUCTS TRAININGS TO HELP PARENTS CONNECT WITH THEIR CHILDREN AND TAKE ACTION IF THEY SUSPECT THEIR CHILD IS USING. THIS PROGRAM WAS FUNDED THROUGH GRANTS FROM THE DEPARTMENT OF JUSTICE AND, TO DATE, MORE THAN 40,000 PARENTS, LAW ENFORCEMENT OFFICERS AND COMMUNITY LEADERS HAVE BEEN TRAINED.

#### FORM 990, PART VI, LINE 11B

FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH THE PARTNERSHIP'S FINANCIAL DEPARTMENT. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE FULL BOARD OF DIRECTORS FOR DISCUSSION AND COMMENT. EACH BOARD MEMBER WAS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS ELECTRONIC FILING WITH THE INTERNAL REVENUE SERVICE.

### FORM 990, PART VI, LINE 12C

EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE OF THE ORGANIZATION IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF THEIR EMPLOYMENT, BOARD SERVICE, OR POSITION WITH THE ORGANIZATION. THE ORGANIZATION MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH AN ANNUAL QUESTIONNAIRE/DISCLOSURE STATEMENT THAT

Schedule O (Form 990 or 990-EZ) 2015				
Name of the organization	Employer identification number			
PARTNERSHIP FOR A DRUG-FREE AMERICA	13-3413627			

IS DISTRIBUTED TO THESE INDIVIDUALS. POTENTIAL CONFLICTS ARE INVESTIGATED IMMEDIATELY.

#### FORM 990, PART VI, LINE 15A & 15B

THE ORGANIZATION UNDERTAKES A THOROUGH PROCESS TO ENSURE THAT THE EXECUTIVE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIAL AND ALL OF ITS OFFICERS AND KEY EMPLOYEES IS REASONABLE GIVEN THE MARKET IN WHICH THE ORGANIZATION OPERATES. THE USE OF SURVEYS AND INDUSTRY BENCHMARKS ARE USED FOR COMPARISON, COMPENSATION REVIEW, AND APPROVAL BY THE BOARD.

FORM 990, PART VI, LINE 19

FORM 990 AND FINANCIAL STATEMENTS ARE PUBLISHED ON THE PARTNERSHIP'S WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

		ATTACHMENT	1
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	3		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
COMMUNICATIONS		2,820,660.	
THE METH PROJECT		258,700.	
		101 450	
PERFORMANCE ENHANCING DRUGS		121,458.	
COMMUNITY EDUCATION & OTHER PROGRAMS		402,592.	
COMMUNITY EDUCATION & OTHER PROGRAMS		402,592.	
TOTALS		3,603,410.	
IUIALS		5,005,410.	

Name of the organization
PARTNERSHIP FOR A DRUG-FREE AMERICA

Employer identification number 13-3413627 ATTACHMENT 2

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FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CT,

FL,GA,HI,IL,KS,KY,MD,MA,MI,

MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA,

RI,SC,TN,UT,VA,WV,WI,

ATTACHMENT 3

# 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
STEVE CLINE'S COMPANY LLC 6602 LOCH HILL ROAD BALTIMORE, MD 21239-1644	OUTREACH	100,464.