

Form 990

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: PARTNERSHIP TO END ADDICTION
D Employer identification number: 52-1736502
E Telephone number: (212) 841-5200
G Gross receipts \$: 127,530,448.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number
I Tax-exempt status: 501(c)(3)
J Website: WWW.DRUGFREE.ORG
K Form of organization: Corporation
L Year of formation: 1991
M State of legal domicile: DC

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes Net Assets or Fund Balances (lines 20-22) with Prior Year and Current Year columns.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer: GINA Y. SAMSON, CFO/TREASURER
Preparer: DANIEL ROMANO
Firm: GRANT THORNTON LLP
Address: 757 THIRD AVENUE, 3RD FLOOR, NEW YORK, NY 10017-2013

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. PARTNERSHIP TO END ADDICTION	Taxpayer identification number (TIN) 52-1736502
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 711 THIRD AVE STE 500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10017	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

CHRIS CLEMENS

- The books are in the care of ▶ **711 THIRD AVE, STE 500 - NEW YORK, NY 10017-6706**
Telephone No. ▶ **212-841-5200** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____, and ending _____.

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

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WITH DECADES OF EXPERIENCE IN RESEARCH, DIRECT SERVICE, COMMUNICATIONS AND PARTNERSHIP-BUILDING, WE PROVIDE FAMILIES WITH PERSONALIZED SUPPORT AND RESOURCES - WHILE MOBILIZING POLICYMAKERS, RESEARCHERS AND HEALTH CARE PROFESSIONALS TO BETTER ADDRESS ADDICTION (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? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 4,690,601. including grants of \$ 209,498.) (Revenue \$ 3,602,494.) OUR EXPERIENCED TEAM OF EXPERTS AND PRACTITIONERS WORKS TO DEVELOP, TEST AND DISSEMINATE EVIDENCE-BASED PROTOCOLS AND TECHNOLOGY-BASED INTERVENTIONS. WE AIM TO IMPROVE THE REACH, ACCESSIBILITY AND QUALITY OF SUBSTANCE USE PREVENTION, TREATMENT AND RECOVERY SERVICES. THROUGH COLLABORATIONS WITH PUBLIC AND PRIVATE PARTNERS, WE HAVE MADE TREMENDOUS STRIDES TO ADVANCE EFFECTIVE CARE. ONE WAY WE DO THIS IS BY PUBLISHING RESOURCES FOR PARENTS, CAREGIVERS, HEALTH CARE PROFESSIONALS AND COMMUNITY LEADERS, AS WELL AS SUBMITTING PARTNERSHIP-LED RESEARCH FOR PUBLICATION IN LIFE SCIENCE JOURNALS AND OTHER OUTLETS.

4b (Code:) (Expenses \$ 4,341,576. including grants of \$ 0.) (Revenue \$ 0.) THE COMMUNICATIONS TEAM PROVIDES JOURNALISTS WITH RESOURCES, KNOWLEDGEABLE SPOKESPEOPLE AND THE STORIES OF FAMILIES IMPACTED BY ADDICTION. THE TEAM ALSO CREATES OPPORTUNITIES FOR WEBSITE VISITORS AND EMAIL SUBSCRIBERS TO LEARN ABOUT PARTNERSHIP TO END ADDICTION'S ADVOCACY EFFORTS, ORIGINAL RESEARCH, SERVICES TO PREVENT AND TREAT ADDICTION SUCH AS OUR HELPLINE, TEXT SUPPORT PROGRAMS AND PEER-TO-PEER SUPPORT SERVICES. IT ALSO PRODUCES AND AMPLIFIES A PODCAST ("HEART OF THE MATTER") HOSTED BY FORMER ABC NEWS ANCHOR ELIZABETH VARGAS TO EMPHASIZE THE IMPORTANCE OF PERSONAL CONNECTION IN ADDRESSING DRUG AND ALCOHOL USE. IN ADDITION, THE TEAM COORDINATES PUBLIC SERVICE ADVERTISING AND ITS DISTRIBUTION THROUGH TRADITIONAL AND DIGITAL MEDIA CHANNELS, AS WELL AS SOCIAL MEDIA ACTIVITIES.

4c (Code:) (Expenses \$ 2,878,080. including grants of \$ 0.) (Revenue \$ 487,727.) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,203,215. including grants of \$ 0.) (Revenue \$ 39,707.)

4e Total program service expenses 14,113,472.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records JOSHUA WEINBERG - (212) 841-5200 711 THIRD AVENUE, NO. 500, NEW YORK, NY 10017

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CREIGHTON DRURY CEO	40.00 0.00	X		X				303,511.	0.	79,204.
(2) FREDERICK J. MUENCH PRESIDENT	40.00 0.00			X				265,700.	0.	81,269.
(3) EMILY MOYER CHIEF MARKETING OFFICER	35.00 0.00					X		241,452.	0.	57,402.
(4) EMILY FEINSTEIN COO/SECRETARY	40.00 0.00			X				192,479.	0.	70,181.
(5) MARCIA LEE TAYLOR CHIEF EXT & GOVT. REL. OFFICER	35.00 0.00					X		200,355.	0.	21,943.
(6) DOUGLAS A. LEU CHIEF TECHNOLOGY OFFICER	35.00 0.00					X		173,437.	0.	44,787.
(7) GINA Y. SAMSON CFO/TREASURER	40.00 0.00			X				174,936.	0.	39,204.
(8) JOSEPH A. CALIFANO JR FOUNDER AND CHAIRMAN EMERITUS	25.00 0.00	X						204,174.	0.	0.
(9) BETH JEFFERY VP, MEDIA STRATEGY & PERFORMANCE	35.00 0.00					X		172,407.	0.	19,811.
(10) AARON T. HOGUE VP, RESEARCH & CLINICAL SCIENCE	35.00 0.00					X		172,189.	0.	16,591.
(11) JAMES G. NIVEN CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(12) MICHAEL WHITE VICE CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(13) ADAM BAREA BOARD OF DIRECTORS (AS OF 06/20)	1.00 0.00	X						0.	0.	0.
(14) URSULA M. BURNS BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(15) COLUMBA BUSH BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(16) KENNETH I. CHENAULT BOARD OF DIRECTORS (THRU 06/20)	1.00 0.00	X						0.	0.	0.
(17) VICTOR F. GANZI BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MELINDA B. HILDEBRAND BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(19) LESLIE GORDON JOHNSON BOARD OF DIRECTORS (AS OF 06/20)	1.00 0.00	X						0.	0.	0.
(20) DAVID KATZ, ESQ. BOARD OF DIRECTORS (THRU 10/20)	1.00 0.00	X						0.	0.	0.
(21) BILL KOENIGSBERG BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(22) REV EDWARD A. MALLOY CSC BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(23) NELLE P. MILLER BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(24) DOUG MORRIS BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(25) AMELIA OGUNLESI BOARD OF DIRECTORS (AS OF 10/20)	1.00 0.00	X						0.	0.	0.
(26) HERBERT PARDES MD BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
1b Subtotal								2,100,640.	0.	430,392.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,100,640.	0.	430,392.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 26

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HORIZON MEDIA INC 75 VARICK STREET, NEW YORK, NY 10013	MARKETING	334,150.
DIMASSIMO GOLDSTEIN 220 EAST 23RD STREET, NEW YORK, NY 10010	MARKETING	300,000.
YORKE CONSTRUCTION 140 WEST 31ST STREET, NEW YORK, NY 10001	CONSTRUCTION	257,923.
MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE LEVY PLACE, NEW YORK, NY 10029	RESEARCH	250,000.
PUBLICIS HEALTH COLLECTION ACCT 1500 MARKET ST, PHILADELPHIA, PA 19102	MARKETING	231,377.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 16

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JAMES M. RAMSTAD	1.00									
BOARD OF DIRECTORS (THRU 11/20)	0.00	X						0.	0.	0.
(28) ALLEN ROSENSHINE	1.00									
BOARD OF DIRECTORS	0.00	X						0.	0.	0.
(29) MICHAEL I. ROTH	1.00									
BOARD OF DIRECTORS	0.00	X						0.	0.	0.
(30) CLYDE C. TUGGLE	1.00									
BOARD OF DIRECTORS	0.00	X						0.	0.	0.
(31) ELIZABETH VARGAS	1.00									
BOARD OF DIRECTORS	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	15,000.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,764,842.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			3,779,842.			
Program Service Revenue	2 a NIH	Business Code	541700	1,132,339.	1,132,339.		
	b SAMHSA		541700	1,032,216.	1,032,216.		
	c RFMH		541700	642,188.	642,188.		
	d FDA		900099	382,172.	382,172.		
	e DEA		900099	199,471.	199,471.		
	f All other program service revenue		900099	728,437.	728,437.		
	g Total. Add lines 2a-2f			4,116,823.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			485,530.		485,530.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real				
			(ii) Personal				
b Less: rental expenses		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities	95,883,186.	23,241,000.		
			(ii) Other				
b Less: cost or other basis and sales expenses		7b	93,642,575.	7,168,113.			
c Gain or (loss)		7c	2,240,611.	16,072,887.			
d Net gain or (loss)				18,313,498.		18,313,498.	
8 a Gross income from fundraising events (not including \$ 15,000. of contributions reported on line 1c). See Part IV, line 18	8a			0.			
				0.			
				0.			
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a PUBLICATION SALES	Business Code	511190	13,105.	13,105.		
	b MISCELLANEOUS INCOME		900099	10,962.		10,962.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			24,067.			
12 Total revenue. See instructions			26,719,760.	4,129,928.	0.	18,809,990.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	209,498.	209,498.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,717,896.	1,216,115.	398,948.	102,833.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,621,317.	5,325,636.	1,841,869.	453,812.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	521,216.	388,567.	100,774.	31,875.
9 Other employee benefits	1,144,773.	849,592.	224,250.	70,931.
10 Payroll taxes	688,019.	512,919.	133,024.	42,076.
11 Fees for services (nonemployees):				
a Management				
b Legal	124,472.		124,472.	
c Accounting	340,053.		340,053.	
d Lobbying	15,082.	15,082.		
e Professional fundraising services. See Part IV, line 17	209,000.			209,000.
f Investment management fees	177,500.		177,500.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,931,629.	2,379,480.	502,120.	50,029.
12 Advertising and promotion	4,790.	3,008.		1,782.
13 Office expenses	178,013.	58,938.	114,018.	5,057.
14 Information technology	779,355.	482,083.	198,626.	98,646.
15 Royalties				
16 Occupancy	4,385,510.	1,844,066.	2,385,729.	155,715.
17 Travel	53,548.	46,967.	2,745.	3,836.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	72,409.	58,337.	12,645.	1,427.
20 Interest	7,233.		7,233.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	612,800.	453,954.	120,514.	38,332.
23 Insurance	151,791.	112,445.	29,851.	9,495.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS EXPENSES	338,452.	190.	331,663.	6,599.
b DUES, SUBS., & PUBS.	139,760.	104,053.	24,115.	11,592.
c EQUIP. RENTAL & MAINT.	95,360.	52,542.	42,818.	0.
d RECRUITMENT	5,132.		5,132.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	22,524,608.	14,113,472.	7,118,099.	1,293,037.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	935,709.	1	471,930.
	2 Savings and temporary cash investments	2,221,778.	2	14,654,359.
	3 Pledges and grants receivable, net	2,222,923.	3	1,990,409.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,809,532.	9	1,276,566.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,389,013.		
	b Less: accumulated depreciation	10b 1,605,566.	7,580,618.	10c 783,447.
	11 Investments - publicly traded securities	26,884,003.	11	29,584,850.
	12 Investments - other securities. See Part IV, line 11	8,669,856.	12	10,288,409.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,712,833.	15	1,421,667.
16 Total assets. Add lines 1 through 15 (must equal line 33)	52,037,252.	16	60,471,637.	
Liabilities	17 Accounts payable and accrued expenses	1,950,686.	17	2,523,555.
	18 Grants payable		18	
	19 Deferred revenue	707,348.	19	94,462.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	3.	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	1,100,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	1,791,689.
	26 Total liabilities. Add lines 17 through 25	2,658,037.	26	5,509,706.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	43,313,268.	27	49,280,093.
	28 Net assets with donor restrictions	6,065,947.	28	5,681,838.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	49,379,215.	32	54,961,931.
33 Total liabilities and net assets/fund balances	52,037,252.	33	60,471,637.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,719,760.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,524,608.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,195,152.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,379,215.
5	Net unrealized gains (losses) on investments	5	1,426,454.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-38,890.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	54,961,931.

Part XII Financial Statements and Reporting

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 Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 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:
 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 on 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 required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization PARTNERSHIP TO END ADDICTION	Employer identification number 52-1736502
---	---

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,035,330.	2,958,290.	4,286,132.	7,397,526.	3,779,842.	22,457,120.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,035,330.	2,958,290.	4,286,132.	7,397,526.	3,779,842.	22,457,120.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						801,553.
6 Public support. Subtract line 5 from line 4.						21,655,567.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	4,035,330.	2,958,290.	4,286,132.	7,397,526.	3,779,842.	22,457,120.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,368,480.	1,407,591.	1,536,228.	1,162,080.	485,530.	5,959,909.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	93,222.	93,706.	34,277.			221,205.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	52,750.	71,500.	175,500.	108,500.	10,962.	419,212.
11 Total support. Add lines 7 through 10						29,057,446.
12 Gross receipts from related activities, etc. (see instructions)					12	15,325,195.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	74.53 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	74.60 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

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

SPECIAL EVENT INCOME

2016 AMOUNT: \$ 52,750.

2017 AMOUNT: \$ 71,500.

2018 AMOUNT: \$ 175,500.

2019 AMOUNT: \$ 108,500.

2020 AMOUNT: \$ 0.

MISCELLANEOUS INCOME

2020 AMOUNT: \$ 10,962.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

PARTNERSHIP TO END ADDICTION

Employer identification number

52-1736502

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization PARTNERSHIP TO END ADDICTION	Employer identification number 52-1736502
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 456,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PARTNERSHIP TO END ADDICTION	Employer identification number 52-1736502
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 170,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PARTNERSHIP TO END ADDICTION	Employer identification number 52-1736502
--	--

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

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

Name of organization PARTNERSHIP TO END ADDICTION	Employer identification number 52-1736502
--	--

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Table with 2 columns: Name of organization (PARTNERSHIP TO END ADDICTION) and Employer identification number (52-1736502)

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

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

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	6,679.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	8,403.													
c	Total lobbying expenditures (add lines 1a and 1b)	15,082.													
d	Other exempt purpose expenditures	22,481,826.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	22,496,908.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	687,034.	684,077.	1,000,000.	1,000,000.	3,371,111.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,056,667.
c Total lobbying expenditures	62,708.	40,522.	34,324.	15,082.	152,636.
d Grassroots nontaxable amount	171,759.	171,019.	250,000.	250,000.	842,778.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,264,167.
f Grassroots lobbying expenditures			15,411.	6,679.	22,090.

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization PARTNERSHIP TO END ADDICTION **Employer identification number** 52-1736502

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		334,003.	334,003.	0.
e Other		2,055,010.	1,271,563.	783,447.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				783,447.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) EVENT-DRIVEN FUND	5,598,260.	END-OF-YEAR MARKET VALUE
(B) ABSOLUTE RETURN FUND	4,685,798.	END-OF-YEAR MARKET VALUE
(C) INTERNATIONAL VALUE FUND	4,351.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	10,288,409.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	1,791,689.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,791,689.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	113,852,698.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,426,454.
b	Donated services and use of facilities	2b	85,883,984.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	87,310,438.
3	Subtract line 2e from line 1	3	26,542,260.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	177,500.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	177,500.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	26,719,760.

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

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

1	Total expenses and losses per audited financial statements	1	108,203,392.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	85,883,984.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	-27,700.
e	Add lines 2a through 2d	2e	85,856,284.
3	Subtract line 2e from line 1	3	22,347,108.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	177,500.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	177,500.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	22,524,608.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

PARTNERSHIP TO END ADDICTION RENTAL AND CONDOMINIUM LEASES EXPIRED IN

2020. THE AMOUNT IN THE ESCROW ACCOUNT REPRESENTS ONE MONTH RENT DEPOSIT

PLUS ACCRUED INTEREST.

PART X, LINE 2:

THE PARTNERSHIP HAS BEEN CLASSIFIED AS EXEMPT FROM FEDERAL INCOME TAXES

UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE CODE) AS AN

ORGANIZATION DESCRIBED IN SECTION 501(C)(3). IT HAS BEEN CLASSIFIED AS AN

ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) AND HAS

BEEN DESIGNATED AS A "PUBLICLY SUPPORTED" ORGANIZATION UNDER SECTIONS

509(A)(1) AND 170(B)(1)(A)(VI) OF THE CODE. THE PARTNERSHIP RECOGNIZES THE

Part XIII Supplemental Information (continued)

EFFECT OF INCOME TAX PROVISIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY
 THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO
 THE PARTNERSHIP'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE
 CODE SECTION 511. TAXES ON DISALLOWED EXPENSES AND VALUE ADDED TAX PAID
 WERE INCLUDED IN THE SECTIONS OF THE EXPENSES ON WHICH THE TAX WAS
 IMPOSED. AS OF DECEMBER 31, 2020 AND 2019, THE PARTNERSHIP DOES NOT HAVE
 ANY UNCERTAIN TAX POSITIONS OR ANY UNRELATED INCOME TAX LIABILITY, WHICH
 WOULD HAVE A MATERIAL IMPACT ON ITS FINANCIAL STATEMENTS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REVERSAL OF GRANT ACCRUAL	-27,700.
---------------------------	----------

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization PARTNERSHIP TO END ADDICTION	Employer identification number 52-1736502
---	--

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		10,288,409.
3 a Subtotal	0	0			10,288,409.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			10,288,409.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, 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) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 ▶ _____

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.

(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 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; don't file with Form 990)* Yes 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 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? *If "Yes," 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)* Yes 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 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; don't file with Form 990)* Yes No

Part V Supplemental Information

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.

PART I, LINE 3:

THE FINANCIAL STATEMENTS HAVE BEEN PREPARED ON THE ACCRUAL BASIS OF

ACCOUNTING.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

PARTNERSHIP TO END ADDICTION

Employer identification number

52-1736502

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

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

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

2 a Did the organization have a written or oral agreement with any individual... [X] Yes [] No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes rows for RESOURCE AND EVENT MANAGEMENT LTD and FUNDRAISING CONSULTANTS.

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, ME, MD, MI, MN, MS, MO, NV, NH, NJ, NM NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: RESOURCE AND EVENT MANAGEMENT LTD

(I) ADDRESS OF FUNDRAISER: 650 FIRST AVE., SUITE 7NW, NEW YORK, NY 10016

(I) NAME OF FUNDRAISER: CHANGING OUR WORLD INC.

(I) ADDRESS OF FUNDRAISER:

1285 AVENUE OF THE AMERICAS, 5TH FLOOR, NEW YORK, NY 10019

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: ELINORE ANTELL

(I) ADDRESS OF FUNDRAISER: 345 SOUTH END AVENUE #5B, NEW YORK, NY 10280

SCHEDULE G, PART I, LINE 2B (III)

FUNDRAISER HAS POSSESSION OF DINNER PATRON CHECKS ALTHOUGH NO AUTHORITY TO CASH OR DEPOSIT, DIRECT THE USE OF, OR USE THE FUNDS. FUNDRAISER DELIVERS THE CHECKS TO THE ORGANIZATION.

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

THE AGREEMENT PROVIDES FOR A FIXED AMOUNT IN FUNDRAISING FEES. THE AGREEMENT ALSO PROVIDES FOR AN ESTIMATED AMOUNT OF EXPENSES TO BE REIMBURSED - \$3,000 - AND FURTHER PROVIDES THAT THE ORGANIZATION WILL NOT BE RESPONSIBLE TO THE FUNDRAISER FOR AMOUNTS EXCEEDING THE ESTIMATE UNLESS PRIOR WRITTEN CONSENT IS OBTAINED BY THE FUNDRAISER FOR SUCH EXPENSES. THE ORGANIZATION DID NOT ENTER INTO ANY ARRANGEMENTS WITH ANY FUNDRAISERS UNDER WHICH PAYMENTS WERE MADE EXCLUSIVELY FOR EXPENSES BUT NOT FOR PROFESSIONAL FUNDRAISING SERVICES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **PARTNERSHIP TO END ADDICTION** Employer identification number **52-1736502**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - PO BOX 95000-7530 - PHILADELPHIA, PA 19195-7530	11-2673595	501(C)(3)	103,426.	0.			SEE PART IV
UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 30384-5803	59-0624458	501(C)(3)	34,044.	0.			SEE PART IV
WAYNE STATE UNIVERSITY 5057 WOODWARD ROOM 13202 DETROIT, MI 48202	38-6028429	501(C)(3)	20,903.	0.			SEE PART IV
MARYLAND TREATMENT CENTER 3800 FREDERICK AVENUE BALTIMORE, MD 21229	52-1447757		6,582.	0.			SEE PART IV
NEW YORK UNIVERISTY 550 1ST AVENUE NEW YORK, NY 10016	13-5562309	501(C)(3)	43,943.	0.			SEE PART IV

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 1.

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

Schedule I (Form 990) 2020

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

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

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

PART I, LINE 2:

THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS BY USING SPECIFIC PROJECT
CODES TO TRACK INCOME AND EXPENSES OF EACH GRANT, AS WELL AS THE RECIPIENTS
ARE REQUIRED TO SUBMIT PROGRESS AND FINANCIAL REPORTS PERIODICALLY FOR OUR
REVIEW.

PART II, LINE 1, COLUMN (H), PURPOSE OF GRANT OR ASSISTANCE:

(1) THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH

- PURPOSE: NIDA "NEW YORK STATE HEALTH HOME IMPACT ON HIV TREATMENT"

Part IV Supplemental Information

CASCADE": STUDY DESIGN, DATA COLLECTION, DATA ANALYSIS, DISSEMINATION

OF RESULTS. NIDA "TAILORED ADAPTIVE MOBILE MESSAGING TO REDUCE PROBLEM

DRINKING": STUDY DESIGN, DATA COLLECTION, AND DATA ANALYSIS.

(2) UNIVERSITY OF MIAMI

- PURPOSE: NIMH "FIDELITY TRAINING AND FEEDBACK SYSTEM FOR ADOLESCENT

EXTERNALIZING PROBLEMS": REPORT MATERIAL DESIGN, STUDY FEEDBACK. NIDA

"TESTING A SYSTEM-LEVEL IMPLEMENTATION INTERVENTION TO IMPROVE THE

QUALITY OF FAMILY-BASED SERVICES FOR ADOLESCENT SUBSTANCE USE": DATA

ANALYSIS, INTERPRETATION OF FINDINGS, PRESENTATION OF RESULTS.

(3) WAYNE STATE UNIVERSITY

- PURPOSE: NIDA "DEVELOPING A SCREENING AND BRIEF INTERVENTION PACKAGE

TO ADDRESS SUBSTANCE USE RISK IN PREGNANT AND POSTPARTUM WOMEN IN HOME

VISITING PROGRAMS": CONTENT DEVELOPMENT, AND SOFTWARE PROGRAMMING.

(4) MARYLAND TREATMENT CENTER

- PURPOSE: NIAAA- "TAILORED ADAPTIVE MOBILE MESSAGING TO REDUCE PROBLEM

DRINKING".

(5) NEW YORK UNIVERSITY

- PURPOSE: NIDA "COACHING PERFORMANCE PRACTICE CHANGE IN THE CONTEXT OF

VALUE BASED PURCHASING UNDER NEW YORK MEDICAID": STUDY DESIGN, DATA

COLLECTION, AND DATA ANALYSIS. NIDA "NEW YORK STATE HEALTH HOME IMPACT

ON HIV TREATMENT CASCADE": STUDY DESIGN, DATA COLLECTION, DATA

ANALYSIS, AND DISSEMINATION OF RESULTS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization PARTNERSHIP TO END ADDICTION	Employer identification number 52-1736502
---	---

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CREIGHTON DRURY CEO	(i)	303,060.	0.	451.	31,196.	48,008.	382,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FREDERICK J. MUENCH PRESIDENT	(i)	265,307.	0.	393.	30,511.	50,758.	346,969.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EMILY MOYER CHIEF MARKETING OFFICER	(i)	241,340.	0.	112.	26,401.	31,001.	298,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) EMILY FEINSTEIN COO/SECRETARY	(i)	192,299.	0.	180.	20,373.	49,808.	262,660.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARCIA LEE TAYLOR CHIEF EXT & GOVT. REL. OFFICER	(i)	199,940.	0.	415.	19,551.	2,392.	222,298.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DOUGLAS A. LEU CHIEF TECHNOLOGY OFFICER	(i)	172,921.	0.	516.	16,846.	27,941.	218,224.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GINA Y. SAMSON CFO/TREASURER	(i)	174,420.	0.	516.	15,410.	23,794.	214,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOSEPH A. CALIFANO JR FOUNDER AND CHAIRMAN EMERITUS	(i)	203,000.	0.	1,174.	0.	0.	204,174.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) BETH JEFFERY VP, MEDIA STRATEGY & PERFORMANCE	(i)	172,131.	0.	276.	16,140.	3,671.	192,218.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) AARON T. HOGUE VP, RESEARCH & CLINICAL SCIENCE	(i)	171,673.	0.	516.	15,670.	921.	188,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

THE SENIOR ADVISOR TO THE PRESIDENT AND CEO SOCIAL CLUB DUES ARE PAID

BY THE ORGANIZATION BECAUSE HE USES THE CLUB SOLELY FOR

BUSINESS-RELATED BREAKFASTS AND LUNCHESES.

SCHEDULE J, PART I, LINE 8

IN 2017 CREIGHTON DRURY WAS HIRED AS PRESIDENT PURSUANT TO A BINDING

WRITTEN EMPLOYMENT CONTRACT SETTING A FIXED PAYMENT AS ANNUAL BASE

SALARY FOR THE PROVISION OF HIS SERVICES. IMMEDIATELY BEFORE ENTERING

INTO THE CONTRACT MR. DRURY WAS NOT A DISQUALIFIED PERSON WITH RESPECT

TO PARTNERSHIP TO END ADDICTION. THE REBUTTABLE PRESUMPTION PROCEDURES

WEREFOLLOWED WITH RESPECT TO MR. DRURY'S COMPENSATION.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization PARTNERSHIP TO END ADDICTION	Employer identification number 52-1736502
--	--

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
BILL KOENIGSBERG	BOARD MEMBER	334,150.	SEE PART V		X

Part V Supplemental Information.

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

PART IV, LINE 1, COLUMN D

PARTNERSHIP TO END ADDICTION HIRED HORIZON MEDIA TO PERFORM MEDIA AND MARKETING SERVICES IN 2020. BILL KOENIGSBERG, BOARD MEMBER, IS THE PRESIDENT, CEO AND FOUNDER OF HORIZON MEDIA.

IT WAS AN ARMS LENGTH TRANSACTION AND BILL KOENIGSBERG HAD NO INVOLVEMENT IN THE DECISION PROCESS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

PARTNERSHIP TO END ADDICTION

Employer identification number

52-1736502

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

ADVANCING EFFECTIVE CARE, SHAPING PUBLIC POLICY AND CHANGING CULTURE.

GENERAL STATEMENT REGARDING THE IMPACT OF COVID-19:

THE PARTNERSHIP'S CONTINUING OPERATIONS HAVE BEEN AFFECTED BY THE

RECENT AND ONGOING OUTBREAK OF THE CORONAVIRUS (COVID-19), WHICH WAS

DECLARED A PANDEMIC BY THE WORLD HEALTH ORGANIZATION IN MARCH 2020.

ACTIONS TAKEN AROUND THE WORLD TO HELP MITIGATE THE SPREAD OF COVID-19

INCLUDE RESTRICTIONS ON TRAVEL, QUARANTINES IN CERTAIN AREAS, AND

FORCED CLOSURES FOR CERTAIN TYPES OF PUBLIC PLACES AND BUSINESS. THE

CORONAVIRUS AND THE ACTIONS TAKEN TO MITIGATE IT HAVE HAD AND ARE

EXPECTED TO CONTINUE TO HAVE AN ADVERSE IMPACT ON THE ECONOMICS AND

FINANCIAL MARKETS OF MANY COUNTRIES, INCLUDING THE GEOGRAPHICAL

LOCATION IN WHICH THE PARTNERSHIP OPERATES.

WHILE IT IS UNKNOWN HOW LONG THESE CONDITIONS WILL LAST AND WHAT THE

COMPLETE FINANCIAL EFFECT WILL BE TO THE PARTNERSHIP, TO DATE, THE

PARTNERSHIP IS EXPERIENCING A DECREASE IN REVENUE DUE TO CERTAIN

PROGRAMS CLOSING AND AN INCREASE IN EXPENSES TO KEEP STAFF AND CLIENTS

SAFE. A LARGE PERCENTAGE OF THE PARTNERSHIP'S WORKFORCE IS WORKING

REMOTELY. THE PARTNERSHIP CONTINUES TO MONITOR THE IMPACT THE COVID-19

OUTBREAK MAY HAVE ON THE PARTNERSHIP IN THE FUTURE.

ON MAY 6, 2020, THE PARTNERSHIP RECEIVED LOAN PROCEEDS IN THE AMOUNT OF

\$1,100,000 UNDER THE PAYCHECK PROTECTION PROGRAM (PPP). THE PPP,

ESTABLISHED AS PART OF THE CORONAVIRUS AID, RELIEF AND ECONOMIC

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization PARTNERSHIP TO END ADDICTION	Employer identification number 52-1736502
--	--

SECURITY ACT (CARES ACT), PROVIDES FOR LOANS TO QUALIFYING BUSINESSES FOR AMOUNTS UP TO 2.5 TIMES OF THE AVERAGE MONTHLY PAYROLL EXPENSES OF THE QUALIFYING BUSINESS. THE LOAN AND ACCRUED INTEREST ARE FORGIVABLE AFTER 24 WEEKS THAT BEGINS ON THE FIRST DAY OF THE ORGANIZATION'S FIRST PAY PERIOD FOLLOWING ITS PPP LOAN DISBURSEMENT DATE (THE COVERED PERIOD) AND ENDS NO LATER THAN DECEMBER 31, 2020, AS LONG AS THE BORROWER USES THE LOAN PROCEEDS FOR ELIGIBLE PURPOSES, INCLUDING PAYROLL, BENEFITS, RENT, AND UTILITIES, AND MAINTAINS ITS PAYROLL LEVELS. THE AMOUNT OF LOAN FORGIVENESS WILL BE REDUCED IF THE BORROWER TERMINATES EMPLOYEES OR REDUCES SALARIES DURING THE COVERED PERIOD UNLESS UNABLE TO BE OPERATING AT THE SAME LEVEL OF BUSINESS ACTIVITY AS BEFORE FEBRUARY 15, 2021. THE PARTNERSHIP HAS DETERMINED TO ACCOUNT FOR ITS PPP LOAN UNDER A DEBT MODEL.

THE PARTNERSHIP USED THE PROCEEDS FOR QUALIFYING PAYROLL COSTS CONSISTENT WITH THE PPP GUIDANCE. THE PARTNERSHIP BELIEVES THAT ITS USE OF THE LOAN PROCEEDS HAS MET THE CONDITIONS FOR FORGIVENESS; HOWEVER, NO ASSURANCE CAN BE PROVIDED THAT CLIENT WILL BE ELIGIBLE FOR FORGIVENESS, IN WHOLE, OR IN PART. ANY AMOUNT OF THE PPP LOAN THAT IS UNFORGIVEN IS PAYABLE OVER TWO YEARS AT AN INTEREST RATE OF 1%, WITH A DEFERRAL OF PAYMENTS FOR 10 MONTHS AFTER THE END OF THE COVERED PERIOD.

IN FEBRUARY 2021, THE PARTNERSHIP WAS GRANTED A LOAN (THE "LOAN") FROM BANK OF AMERICA IN THE AGGREGATE AMOUNT OF \$875,000, PURSUANT TO THE PAYCHECK PROTECTION PROGRAM SECOND DRAW (THE PPP 2) UNDER SECTION 311 OF THE ECONOMIC AID TO HARD-HIT SMALL BUSINESSES ACT (THE ECONOMIC AID ACT), WHICH WAS SIGNED INTO LAW ON DECEMBER 27, 2020 AND IS PART OF THE ORIGINAL CARES ACT, WHICH WAS ENACTED MARCH 27, 2020.

Name of the organization PARTNERSHIP TO END ADDICTION	Employer identification number 52-1736502
--	--

SECTION 311 OF THE ECONOMIC AID ACT AUTHORIZED THE U.S. SMALL BUSINESS

ADMINISTRATION (SBA) TO GUARANTEE PPP 2 LOANS UNDER GENERALLY THE SAME

TERMS AND CONDITIONS AVAILABLE UNDER THE ORIGINAL PPP FIRST DRAW. THE

LOAN IS THE FORM OF A NOTE DATED FEBRUARY 10, 2021 ISSUED BY THE

BORROWER AND MATURES ON FEBRUARY 10, 2026 AND BEARS INTEREST AT A RATE

OF 1% PER ANNUM. FUNDS FROM THE LOAN MAY ONLY BE USED FOR QUALIFIED

EXPENSES WHICH INCLUDE PAYROLL COSTS, COSTS USED TO CONTINUE GROUP

HEALTHCARE BENEFITS, MORTGAGE PAYMENTS, RENT, UTILITIES, INTEREST ON

OTHER DEBT OBLIGATION INCURRED BEFORE FEBRUARY 15, 2020, COVERED

OPERATIONS EXPENDITURES, COVERED PROPERTY DAMAGE COSTS, COVERED

SUPPLIER COSTS, AND COVERED WORKER PROTECTION EXPENDITURES. IN

ACCORDANCE WITH THE CARES ACT AND THE PPP, IF THE LOAN PROCEEDS ARE

FULLY UTILIZED TO PAY FOR QUALIFIED EXPENSES, THE FULL PRINCIPAL AMOUNT

OF THE LOAN, ALONG WITH ANY ACCRUED INTEREST, MAY QUALIFY FOR LOAN

FORGIVENESS, SUBJECT TO POTENTIAL REDUCTION BASED ON TERMINATION OF

FULL-TIME EMPLOYEES OR DECREASE IN SALARIES DURING THE COVERED PERIOD.

PARTNERSHIP TO END ADDICTION FEELS AS THOUGH THEY HAVE MET THE CRITERIA

FOR FORGIVENESS OF THE PPP LOAN THEY RECEIVED AND HAVE SUBMITTED THE

APPLICATION FOR SUCH, BUT IS AWAITING TO HEAR BACK FROM THE SBA.

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

SYSTEMICALLY ON A NATIONAL SCALE. OUR MISSION IS TO TRANSFORM HOW OUR

NATION ADDRESSES ADDICTION BY EMPOWERING FAMILIES, ADVANCING EFFECTIVE

CARE, SHAPING PUBLIC POLICY AND CHANGING CULTURE.

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

Name of the organization PARTNERSHIP TO END ADDICTION	Employer identification number 52-1736502
--	--

WE PROVIDE FREE, CONFIDENTIAL SUPPORT FOR FAMILIES LOOKING FOR ANSWERS FOR THEMSELVES AND THEIR CHILDREN. THROUGH OUR HELPLINE, WE PROVIDE INFORMATION AND SUPPORT TO HELP THEM WITH THEIR CHILD'S SUBSTANCE USE OR ADDICTION, PARENTS CONTACT OUR SPECIALISTS VIA EMAIL, PHONE, FACEBOOK MESSENGER AND TEXT MESSAGE. SPECIALISTS HELP FAMILIES EVALUATE THEIR NEEDS AND ASSIST THEM WITH PLANS FOR NEXT STEPS, WITH THE GOAL OF EMPOWERING THEM TO TAKE ACTION. THROUGH HELP & HOPE BY TEXT, WE SEND MESSAGES WITH EVIDENCE-BASED SKILLS AND STRATEGIES DIRECTLY TO THE PHONES OF CONCERNED PARENTS AND CAREGIVERS. IN ADDITION, PARENT COACHING IS OUR PEER-TO-PEER PROGRAM, BY WHICH A PARENT OR CAREGIVER SEEKING HELP AND PERSPECTIVE ON THEIR CHILD'S SUBSTANCE USE ISSUES IS PAIRED WITH A SPECIALLY TRAINED VOLUNTEER WHO HAS ALSO TRAVELED THE PATH OF A CHILD'S SUBSTANCE USE OR ADDICTION. BY SPEAKING WITH SOMEONE WHO HAS WALKED IN THEIR SHOES, PARENTS CAN LEARN HOW TO STAY CONNECTED TO THEIR LOVED ONE AND GET THE SUPPORT AND ENCOURAGEMENT THEY NEED. WE RECENTLY LAUNCHED AN ONLINE SUPPORT COMMUNITY AS WELL, CONSISTING OF FREE, WEEKLY, VIRTUAL MEETINGS. IT PROVIDES EDUCATION AND SUPPORT TO PARENTS AND CAREGIVERS SEEKING HELP ON BEHALF OF THEIR CHILDREN STRUGGLING WITH SUBSTANCES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
RESEARCH AND PROGRAM DEVELOPMENT
DEVELOPING NEW PROGRAMS TO CARRY OUT PARTNERSHIP TO END ADDICTION'S EXEMPT PURPOSE.

EXPENSES \$ 1,375,192. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUBLIC POLICY
RESPONSIBLE FOR ASSESSING THE IMPACT OF RISKY SUBSTANCE USE AND

Name of the organization PARTNERSHIP TO END ADDICTION	Employer identification number 52-1736502
--	--

ADDICTION ON AMERICAN SYSTEMS AND POPULATIONS, EXAMINING THE LINKS
BETWEEN SUBSTANCE USE, ADDICTION AND OTHER HEALTH AND SOCIAL PROBLEMS;
AND TRANSLATING SCIENTIFIC KNOWLEDGE ABOUT SUBSTANCE USE AND ADDICTION
INTO POLICY AND PRACTICE. THE DIVISION UNDERTAKES A BROAD PROGRAM OF
POLICY RESEARCH AND OTHER PRACTICE-BASED ACTIVITIES TARGETED TO
IMPROVING HEALTH CARE PRACTICE, ALIGNING GOVERNMENT POLICIES WITH
SCIENCE AND BEST PRACTICE AND EDUCATING THE GENERAL PUBLIC IN ORDER TO
DECREASE THE PREVALENCE OF RISKY SUBSTANCE USE AND ADDICTION AND REDUCE
RELATED MORBIDITY, MORTALITY AND THE SOCIAL AND ECONOMIC CONSEQUENCES
AND COSTS.

EXPENSES \$ 828,023. INCLUDING GRANTS OF \$ 0. REVENUE \$ 39,707.

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

PRIOR TO FILING, THE FORM 990 WAS REVIEWED BY OUR CEO, BOARD CHAIRMAN AND
AUDIT COMMITTEE OF THE BOARD. COPIES OF THE FORM 990 ARE PROVIDED TO ALL
MEMBERS OF THE BOARD PRIOR TO FILING.

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

THE SECRETARY DISTRIBUTES THE CONFLICT OF INTEREST POLICY AND
ACKNOWLEDGEMENT STATEMENT TO NEW BOARD MEMBERS UPON JOINING THE BOARD AND
TO ALL MEMBERS ANNUALLY. THE SAME PROCESS IS FOLLOWED FOR OFFICERS AND KEY
EMPLOYEES. THE GENRAL COUNSEL REVIEWS EACH SIGNED STATEMENT AND DISCUSSES
ANY ISSUES ARISING FROM CONFLICT DISCLOSURES WITH THE CHAIRMAN AND
PRESIDENT. THE SECRETARY REPORTS TO THE AUDIT COMMITTEE OF THE BOARD AT
LEAST ANNUALLY ON THE PROCESS. OUR INDEPENDENT AUDITORS ALSO REVIEW THESE
DOCUMENTS.

THE ORGANIZATION CONDUCTS PERIODIC REVIEWS OF THE COMPENSATION OF THE CEO

Name of the organization PARTNERSHIP TO END ADDICTION	Employer identification number 52-1736502
--	--

AND THE PRESIDENT AS WELL AS OTHER OFFICERS AND KEY EMPLOYEES, THE PARTNERSHIP TO END ADDICTION POLICY REQUIRES THE USE OF COMPARABLES GATHERED FROM THE FORM 990S OF OTHER TAX-EXEMPT ORGANIZATIONS, AS WELL AS OTHER COMPARATIVE INFORMATION. THE COMPARABLES ARE SUBMITTED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS WHICH SERVES AS THE COMPENSATION COMMITTEE AND CONSISTS ONLY OF INDEPENDENT MEMBERS OF THE BOARD. THE AUDIT COMMITTEE IS AUTHORIZED TO APPROVE OFFICER AND KEY EMPLOYEE COMPENSATION EXCEPT WITH RESPECT TO THE PRESIDENT AND CEO. IN THIS CASE, THE AUDIT COMMITTEE MAKES A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS WHICH MUST APPROVE THE PRESIDENT AND CEO COMPENSATION. DELIBERATIONS AND DISCUSSION ARE DOCUMENTED CONTEMPORANEOUSLY IN MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15:
TO DETERMINE THE SURVEY RESULTS OF THE PRESIDENT AND CEO AS WELL AS OTHER OFFICERS AND KEY EMPLOYEES, THE PARTNERSHIP TO END ADDICTION POLICY REQUIRES THE USE OF COMPARABLES GATHERED FROM THE FORM 990S OF OTHER TAX-EXEMPT ORGANIZATIONS AND COMPILED INTO A SURVEY. THE COMPARABLES ARE THEN SUBMITTED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS - WHICH SERVES AS THE COMPENSATION COMMITTEE AND CONSISTS ONLY OF INDEPENDENT MEMBERS OF THE BOARD. THE AUDIT COMMITTEE IS AUTHORIZED TO APPROVE OFFICER AND KEY EMPLOYEE COMPENSATION EXCEPT WITH RESPECT TO THE PRESIDENT AND CEO. IN THIS CASE, THE AUDIT COMMITTEE MAKES A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS WHICH MUST APPROVE THE PRESIDENT AND CEO COMPENSATION. DELIBERATIONS AND DISCUSSION ARE DOCUMENTED CONTEMPORANEOUSLY IN MEETING MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OR, PA

Name of the organization PARTNERSHIP TO END ADDICTION	Employer identification number 52-1736502
--	--

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

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

COPIES OF THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE REGULARLY PROVIDED, ON REQUEST, TO PROSPECTIVE OR EXISTING FUNDERS AND ANY MEMBER OF THE PUBLIC WHO REQUESTS A COPY AND ARE ALSO AVAILABLE ON THE PARTNERSHIP TO END ADDICTION WEBSITE. GOVERNING DOCUMENTS ARE PROVIDED, ON REQUEST, AND ARE FREQUENTLY REQUESTED WITH GRANT PROPOSALS. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

FORM 990, PART VIII, LINE 7C(II)

DURING THE YEAR, THE PARTNERSHIP SOLD ITS PORTION OF ITS CONDOMINIUM INTEREST TO A THIRD PARTY FOR \$12.5 MILLION AND \$10.7 MILLION IN APRIL AND DECEMBER 2020, RESPECTIVELY. THE PARTNERSHIP RECOGNIZED A GAIN ON THE SALE OF \$16,072,887 FOR THE YEAR ENDED DECEMBER 31, 2020.

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

MEDIA SERVICES:

PROGRAM SERVICE EXPENSES	960,642.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	960,642.

TRAINING, COACHING, & LEADERSHIP CONSULTING:

PROGRAM SERVICE EXPENSES	505,083.
MANAGEMENT AND GENERAL EXPENSES	52,500.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	557,583.

Name of the organization PARTNERSHIP TO END ADDICTION	Employer identification number 52-1736502
--	--

SECURITY, TECH, AND IT CONUSLTING:

PROGRAM SERVICE EXPENSES	173,658.
MANAGEMENT AND GENERAL EXPENSES	237,740.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	411,398.

PROGRAM CONSULTANTS:

PROGRAM SERVICE EXPENSES	289,676.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	289,676.

RESEARCH CONSULTANTS:

PROGRAM SERVICE EXPENSES	185,361.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	185,361.

TEMP SERVICES:

PROGRAM SERVICE EXPENSES	132,493.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	132,493.

MANAGEMENT FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	83,359.

Name of the organization PARTNERSHIP TO END ADDICTION	Employer identification number 52-1736502
--	--

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 83,359.

MOVING CONSULTING EXPENSES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 72,400.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 72,400.

MISC. OTHER FEES:

PROGRAM SERVICE EXPENSES 132,567.

MANAGEMENT AND GENERAL EXPENSES 56,121.

FUNDRAISING EXPENSES 50,029.

TOTAL EXPENSES 238,717.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,931,629.

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

LOSS ON UNCOLLECTIBLE GRANTS AND CONTRIBUTIONS -66,590.

REVERSAL OF GRANT ACCRUAL 27,700.

TOTAL TO FORM 990, PART XI, LINE 9 -38,890.