

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PARTNERSHIP TO END ADDICTION		D Employer identification number 52-1736502
	Doing business as		E Telephone number (212) 841-5200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	711 THIRD AVENUE		G Gross receipts \$ 118,448,775.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017		
F Name and address of principal officer: CREIGHTON DRURY SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

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

J Website: ▶ WWW.DRUGFREE.ORG

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1991 **M State of legal domicile:** DC

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TRANSFORMING HOW OUR NATION ADDRESSES ADDICTION BY EMPOWERING FAMILIES, (SEE SCHEDULE O)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	115
	6 Total number of volunteers (estimate if necessary)	6	220
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	3,779,842.	9,843,042.
	9 Program service revenue (Part VIII, line 2g)	4,116,823.	3,960,725.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,799,028.	2,363,296.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,067.	27,606.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,719,760.	16,194,669.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	209,498.	338,933.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,693,221.	11,079,929.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	209,000.	273,545.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,580,639.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,412,889.	8,273,620.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,524,608.	19,966,027.	
19 Revenue less expenses. Subtract line 18 from line 12	4,195,152.	-3,771,358.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 60,471,637.	End of Year 61,675,636.
	21 Total liabilities (Part X, line 26)	5,509,706.	6,736,799.
	22 Net assets or fund balances. Subtract line 21 from line 20	54,961,931.	54,938,837.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	GINA Y. SAMSON, CFO/TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DANIEL ROMANO	Preparer's signature 	Date 11/10/2022	Check if self-employed <input type="checkbox"/>	PTIN P00504182
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558	Phone no. (212) 599-0100		
	Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013				

May the IRS discuss this return with the preparer shown above? See instructions 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 AVENUE, 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 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
Form 990-T (corporation)	07		

JOSHUA WEINBERG

- The books are in the care of ▶ 711 THIRD AVENUE, 500 - NEW YORK, NY 10017

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, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2021 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-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-TE and Form 8879-TE 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 \$ 4,180,324. including grants of \$ 338,933.) (Revenue \$ 3,669,332.) RESEARCH AND TECHNICAL ASSISTANCE OUR EXPERIENCED TEAM OF EXPERTS AND PRACTITIONERS WORKS TO DEVELOP, TEST AND DISSEMINATE EVIDENCE-BASED TRAININGS AND TECHNOLOGY-BASED TOOLS DESIGNED TO 1) IMPROVE THE QUALITY OF SUBSTANCE USE PREVENTION, TREATMENT, AND RECOVERY SERVICES FOR YOUTH AND YOUNG ADULTS AND 2) REDUCE GAPS IN CARE FOR PEOPLE STRUGGLING WITH SUBSTANCE USE. OUR RESEARCH AGENDA INCLUDES: CREATING DIGITAL INTERVENTIONS TO ADDRESS GAPS IN CARE FOR PREGNANT AND POST PARTUM PEOPLE; UNDERSTANDING PARENT AND FAMILY BEHAVIORAL PATTERNS/ BEHAVIORS/ ATTITUDES/ ETC. TO INFORM INTERVENTIONS; IDENTIFYING EFFECTIVE AND SUSTAINABLE STRATEGIES FOR INVOLVING FAMILIES IN ROUTINE TREATMENT AND RECOVERY SERVICES FOR YOUTH; DEVELOPING A SUSTAINABLE NATIONAL RESEARCH (SEE SCHEDULE O)

4b (Code:) (Expenses \$ 3,973,377. including grants of \$ 0.) (Revenue \$ 0.) MARKETING/COMMUNICATIONS THE MARKETING & COMMUNICATIONS TEAM DEVELOPS AND IMPLEMENTS PLANS TO BRING AWARENESS, ENGAGEMENT AND ACTION RELATED TO OUR CONTENT AND SERVICES THROUGH A VARIETY OF MARKETING CHANNELS (EMAIL, SOCIAL, WEBSITE, EARNED MEDIA). THE M&C TEAM ALSO PRODUCES ORIGINAL CONTENT STREAMS INCLUDING ITS PODCAST, "HEART OF THE MATTER," HOSTED BY EMMY AWARD-WINNING JOURNALIST AND BOARD MEMBER ELIZABETH VARGAS AND YOUTUBE VIDEO SERIES, WHICH BOTH SEEK TO INFORM, INSPIRE AND ENGAGE LISTENERS ON A VARIETY OF TOPICS FROM PREVENTION TO RECOVERY. IN ADDITION, THE TEAM DEVELOPS PUBLIC SERVICE ADVERTISING AND SUPPORTS ITS DISTRIBUTION THROUGH TRADITIONAL AND DIGITAL MEDIA CHANNELS. THE TEAM WORKS WITH MEDIA TO CONNECT THEM TO THE PARTNERHIP EXPERTS, (SEE SCHEDULE O)

4c (Code:) (Expenses \$ 3,657,045. including grants of \$ 0.) (Revenue \$ 296,743.) FAMILY SERVICES WE PROVIDE FREE, CONFIDENTIAL SUPPORT AND RESOURCES TO FAMILIES SO THEY CAN HELP PREVENT SUBSTANCE MISUSE, TREAT ADDICTION, AND SUPPORT RECOVERY FOR THEIR CHILDREN AND LOVED ONES. FAMILIES REACH OUT TO US VIA EMAIL, PHONE, FACEBOOK MESSENGER AND TEXT MESSAGE. OUR TRAINED HELPLINE SPECIALISTS RESPOND BY HELPING FAMILIES EVALUATE THEIR NEEDS AND ASSIST THEM WITH PLANS FOR NEXT STEPS, WITH THE GOAL OF EMPOWERING THEM TO TAKE ACTION. CONCERNED PARENTS AND CAREGIVERS CAN SIGN UP FOR HELP & HOPE BY TEXT TO RECEIVE MESSAGES WITH EVIDENCE-BASED SKILLS AND STRATEGIES DIRECTLY TO THEIR PHONES. IN ADDITION, THEY CAN BE PAIRED WITH A PEER PARENT COACH, A SPECIALLY TRAINED VOLUNTEER WITH LIVED EXPERIENCE WHO OFFERS HELP AND PERSPECTIVE. (SEE SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,264,444. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 14,075,190.

Part IV Checklist of Required Schedules

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

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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a 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	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 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
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c 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 17 regarding employee counts, tax filings, foreign accounts, 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 of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 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?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				288,324.	0.	81,004.
(2) FREDERICK J. MUENCH PRESIDENT	40.00 0.00			X				265,924.	0.	82,051.
(3) EMILY MOYER CHIEF MARKETING OFFICER	35.00 0.00					X		241,876.	0.	57,191.
(4) EMILY FEINSTEIN COO/SECRETARY	40.00 0.00			X				190,970.	0.	72,246.
(5) JOSEPH A. CALIFANO JR FOUNDER AND CHAIRMAN EMERITUS	25.00 0.00	X						204,174.	0.	19,906.
(6) DOUGLAS A. LEU CHIEF TECHNOLOGY OFFICER	35.00 0.00					X		170,097.	0.	53,836.
(7) MARCIA LEE TAYLOR CHIEF EXT & GOVT. REL. OFFICER	35.00 0.00					X		200,780.	0.	20,455.
(8) GINA Y. SAMSON CFO/TREASURER	40.00 0.00			X				175,020.	0.	42,198.
(9) BETH JEFFERY (THRU 07/2021) VP, MEDIA STRATEGY & PERFORMANCE	35.00 0.00					X		180,054.	0.	10,884.
(10) AARON T. HOGUE VP, RESEARCH & CLINICAL SCIENCE	35.00 0.00					X		172,190.	0.	16,301.
(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	1.00 0.00	X						0.	0.	0.
(14) URSULA M. BURNS BOARD OF DIRECTORS (THRU 12/2021)	1.00 0.00	X						0.	0.	0.
(15) COLUMBA BUSH BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(16) VICTOR F. GANZI BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(17) MELINDA B. HILDEBRAND 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) LESLIE GORDON JOHNSON BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(19) BILL KOENIGSBERG BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(20) REV EDWARD A. MALLOY CSC BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(21) NELLE P. MILLER BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(22) DOUG MORRIS BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(23) AMELIA OGUNLESI BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(24) HERBERT PARDES MD BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(25) ALLEN ROSENSHINE BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(26) MICHAEL I. ROTH BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
1b Subtotal								2,089,409.	0.	456,072.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,089,409.	0.	456,072.

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 28

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PUBLIC HEALTH COLLECTION ACCOUNT 1500 MARKET STREET, PHILADELPHIA, PA 19102	MARKETING	741,000.
CHELSEA PICTURES 602 HAMPTON DRIVE, VENICE, CA 90291	MARKETING	527,394.
HORIZON MEDIA, INC 75 VARICK STREET, NEW YORK, NY 10013	MARKETING	275,000.
CABRIA FILMS 150 VARICK STREET, NEW YORK, NY 10013	MARKETING	193,905.
FLIGHT PATH, 36 WEST 25TH STREET, 8TH FLOOR, NEW YORK, NY 10010	MARKETING	164,113.

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 18

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) CLYDE C. TUGGLE BOARD OF DIRECTORS	1.00 0.00	X						0.	0.	0.
(28) ELIZABETH VARGAS BOARD OF DIRECTORS	1.00 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					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,114,894.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	8,728,148.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			9,843,042.			
Program Service Revenue	2 a NIH	Business Code					
		541700	1,584,207.	1,584,207.			
	b FDA	900099	923,421.	923,421.			
	c RFMH	541700	891,674.	891,674.			
	d SAMHSA	541700	186,671.	186,671.			
	e DEA	900099	50,876.	50,876.			
	f All other program service revenue	900099	323,876.	323,876.			
	g Total. Add lines 2a-2f			3,960,725.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		534,914.			534,914.	
	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	104,082,488.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	102,254,106.				
	c Gain or (loss)	7c	1,828,382.				
d Net gain or (loss)			1,828,382.		1,828,382.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
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 REIMBURSEMENTS	Business Code					
		900099	15,586.			15,586.	
	b PUBLICATION SALES	511190	5,350.	5,350.			
	c INSURANCE SETTLEMENT	900099	5,145.			5,145.	
	d All other revenue	900099	1,525.			1,525.	
	e Total. Add lines 11a-11d			27,606.			
12 Total revenue. See instructions			16,194,669.	3,966,075.	0.	2,385,552.	

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 ...	338,933.	338,933.		
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	2,089,409.	1,459,204.	469,923.	160,282.
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	6,113,599.	4,269,622.	1,374,993.	468,984.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	654,527.	448,764.	155,597.	50,166.
9 Other employee benefits	1,595,575.	1,093,976.	379,306.	122,293.
10 Payroll taxes	626,819.	429,767.	149,010.	48,042.
11 Fees for services (nonemployees):				
a Management				
b Legal	93,557.		93,557.	
c Accounting	265,585.		265,585.	
d Lobbying	17,085.	17,085.		
e Professional fundraising services. See Part IV, line 17	273,545.			273,545.
f Investment management fees	244,991.		244,991.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,166,666.	3,001,430.	163,767.	1,469.
12 Advertising and promotion	1,490.	437.	1,053.	
13 Office expenses	130,529.	33,378.	94,340.	2,811.
14 Information technology	1,027,654.	599,749.	333,993.	93,912.
15 Royalties				
16 Occupancy	1,825,928.	1,366,921.	308,181.	150,826.
17 Travel	11,852.	8,663.	2,163.	1,026.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	186,726.	174,646.	9,325.	2,755.
20 Interest	14,427.		14,427.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	599,238.	413,461.	140,156.	45,621.
23 Insurance	156,727.	108,138.	36,657.	11,932.
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 DUES, SUBS., & PUBS.	208,889.	143,838.	28,671.	36,380.
b EQUIP. RENTAL & MAINT.	205,727.	167,167.	38,560.	
c FUNDRAISING COSTS	86,884.			86,884.
d MISCELLANEOUS EXPENSES	29,665.	11.	5,943.	23,711.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	19,966,027.	14,075,190.	4,310,198.	1,580,639.
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	471,930.	1	760,600.
	2 Savings and temporary cash investments	14,654,359.	2	5,067,758.
	3 Pledges and grants receivable, net	1,990,409.	3	2,138,923.
	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	1,276,566.	9	1,170,146.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,589,310.		
	b Less: accumulated depreciation	10b 1,807,013.		
	11 Investments - publicly traded securities	29,584,850.	11	41,287,922.
	12 Investments - other securities. See Part IV, line 11	10,288,409.	12	8,246,139.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	853,000.	14	746,375.
	15 Other assets. See Part IV, line 11	568,667.	15	475,476.
16 Total assets. Add lines 1 through 15 (must equal line 33)	60,471,637.	16	61,675,636.	
Liabilities	17 Accounts payable and accrued expenses	2,523,555.	17	2,502,311.
	18 Grants payable		18	
	19 Deferred revenue	94,462.	19	24,399.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	1,100,000.	24	875,000.
	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	1,791,689.	25	3,335,089.
	26 Total liabilities. Add lines 17 through 25	5,509,706.	26	6,736,799.
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	49,280,093.	27	47,504,303.
	28 Net assets with donor restrictions	5,681,838.	28	7,434,534.
	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	54,961,931.	32	54,938,837.
33 Total liabilities and net assets/fund balances	60,471,637.	33	61,675,636.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,194,669.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,966,027.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,771,358.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	54,961,931.
5	Net unrealized gains (losses) on investments	5	3,750,726.
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	-2,462.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	54,938,837.

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 on 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** (2021)

SCHEDULE A (Form 990)

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

2021

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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: []

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,958,290.	4,286,132.	7,397,526.	3,779,842.	9,843,042.	28,264,832.
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	2,958,290.	4,286,132.	7,397,526.	3,779,842.	9,843,042.	28,264,832.
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)						2,173,922.
6 Public support. Subtract line 5 from line 4.						26,090,910.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2,958,290.	4,286,132.	7,397,526.	3,779,842.	9,843,042.	28,264,832.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,407,591.	1,536,228.	1,162,080.	485,530.	534,914.	5,126,343.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	93,706.	34,277.				127,983.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	71,500.	175,500.	108,500.	10,962.	22,256.	388,718.
11 Total support. Add lines 7 through 10						33,907,876.
12 Gross receipts from related activities, etc. (see instructions)					12	17,057,920.
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 2021 (line 6, column (f), divided by line 11, column (f))	14	76.95 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	74.53 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. 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.

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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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).		

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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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

2017 AMOUNT: \$ 71,500.

2018 AMOUNT: \$ 175,500.

2019 AMOUNT: \$ 108,500.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 0.

REIMBURSEMENTS

2021 AMOUNT: \$ 15,586.

INSURANCE SETTLEMENT

2021 AMOUNT: \$ 5,145.

MISCELLANEOUS INCOME

2020 AMOUNT: \$ 10,962.

2021 AMOUNT: \$ 1,525.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), 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).

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/>	\$ 1,400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,065,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 200,000.	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/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,113,894.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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.

Name of organization PARTNERSHIP TO END ADDICTION	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.

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

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

- A** Check if the filing organization belongs to an affiliated group (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)	15,597.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	1,488.													
c	Total lobbying expenditures (add lines 1a and 1b)	17,085.													
d	Other exempt purpose expenditures	18,123,313.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	18,140,398.													
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	684,077.	1,000,000.	1,000,000.	1,000,000.	3,684,077.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,526,116.
c Total lobbying expenditures	40,522.	34,324.	15,082.	17,085.	107,013.
d Grassroots nontaxable amount	171,019.	250,000.	250,000.	250,000.	921,019.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,381,529.
f Grassroots lobbying expenditures		15,411.	6,679.	15,597.	37,687.

Schedule C (Form 990) 2021

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)).

Table with 4 columns: Description, (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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

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

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."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures.

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.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land, habitat, open space, historic area, structure), a table for lines 2a-2d (Total number, acreage, certified historic structures, National Register), and questions 3-9 regarding monitoring, expenses, and reporting.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements and amounts for art and historical treasures.

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? <input type="checkbox"/> | 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		3,255,307.	1,473,010.	1,782,297.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,782,297.

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) ABSOLUTE RETURN FUND	4,197,763.	END-OF-YEAR MARKET VALUE
(B) EVENT-DRIVEN FUND	4,048,376.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	8,246,139.	

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	3,335,089.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,335,089.

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	80,573,711.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,750,726.
b	Donated services and use of facilities	2b	60,873,307.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	64,624,033.
3	Subtract line 2e from line 1	3	15,949,678.
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	244,991.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	244,991.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	16,194,669.

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	80,594,343.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	60,873,307.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	60,873,307.
3	Subtract line 2e from line 1	3	19,721,036.
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	244,991.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	244,991.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	19,966,027.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE PARTNERSHIP'S 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

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

Part XIII Supplemental Information *(continued)*

IMPOSED. AS OF DECEMBER 31, 2021, AND 2020, 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.

**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

2021

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		8,246,139.
3 a Subtotal	0	0			8,246,139.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			8,246,139.

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE G
(Form 990)**

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.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization <p style="text-align: center;">PARTNERSHIP TO END ADDICTION</p>	Employer identification number <p style="text-align: center;">52-1736502</p>
---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

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 <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RESOURCE AND EVENT MANAGEMENT LTD - 650 FIRST AVE., SUITE DENVER FREDERICK - 241 LAKE ROAD, MORRISTOWN, NJ 07960	RESEARCH & FUNDRAISING	X		0.	135,545.	-135,545.
ELINORE ANTELL - 345 SOUTH END AVENUE #5B, NEW YORK, NY	FUNDRAISING CONSULTANT		X	0.	90,000.	-90,000.
	FUNDRAISING CONSULTANT		X	0.	48,000.	-48,000.
Total					273,545.	-273,545.

- 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, NY, 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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

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: ELINORE ANTELL

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

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

Part IV Supplemental Information (continued)

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

2021

**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 noncash 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)	196,318.	0.			SEE PART IV
UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 30384-5803	59-0624458	501(C)(3)	18,371.	0.			SEE PART IV
MARYLAND TREATMENT CENTER 3800 FREDERICK AVENUE BALTIMORE, MD 21229	52-1447757		15,923.	0.			SEE PART IV
BROWN UNIVERSITY 330 EDDY STREET PROVIDENCE, RI 02912	05-0258809	501(C)(3)	24,659.	0.			SEE PART IV
BOSTON CHILDRENS HOSPITAL 401 PARK DRIVE, 7TH FLOOR BOSTON, MA 02115	04-2774441	501(C)(3)	10,121.	0.			SEE PART IV
SAM HOUSTON STATE PO BOX 2448 HUNTSVILLE, TX 77340	74-6001430	501(C)(3)	25,371.	0.			SEE PART IV

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **7.**
- 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) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN STATE UNIVERSITY 200 EAST 1ST STREET FLINT, MI 48502	38-6005984	501(C)(3)	16,805.	0.			SEE PART IV
JOHN HOPKINS UNIVERISTY 1101 E. 33RD ST, SUITE B001 BALTIMORE, MD 21218	52-0595110	501(C)(3)	31,364.	0.			SEE PART IV

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.

(4) MARYLAND TREATMENT CENTER

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

PROBLEM DRINKING".

(5) BROWN UNIVERISTY

- PURPOSE: NIDA "FAMILY=BASED RECOVERY SUPPORT SERVICE NETWORK FOR

YOUTH OUD" : ESTABLISH FAMILY RECOVERY RESEARCH INSTITUTE NETWORK

INFRASTRUCTURE, AND PARTNERSHIP STRATEGIES.

(6) BOSTON CHILDRENS HOSPITAL

- PURPOSE: NIDA "FAMILY=BASED RECOVERY SUPPORT SERVICE NETWORK FOR

YOUTH OUD" : CONTENT DEVELOPMENT, TRAINING, RESEARCH, AND RESOURCE

DEVELOPMENT.

(7) SAM HOUSTON STATE

- PURPOSE: NIDA "FAMILY=BASED RECOVERY SUPPORT SERVICE NETWORK FOR

YOUTH OUD" :

Part IV Supplemental Information

ESTABLISH FAMILY RECOVERY RESEARCH INTITUTE NETWORK INFRASTRUCTURE, AND
PARTNERSHIP STRATEGIES.

(8) MICHIGAN 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.

(9) JOHN HOPKINS UNIVERSITY

- PURPOSE: NIAA "ADAPTIVE TEXT MESSAGING INTERVENTION FOR RISKY
DRINKING IN POSTPARTUM WOMEN": CONTENT DEVELOPMENT, AND SOFTWARE
PROGRAMMING.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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) 2021

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 and/or 1099-NEC 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)	288,048.	0.	276.	31,590.	49,414.	369,328.	369,329.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FREDERICK J. MUENCH PRESIDENT	(i)	265,648.	0.	276.	30,237.	51,814.	347,975.	347,975.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EMILY MOYER CHIEF MARKETING OFFICER	(i)	241,696.	0.	180.	26,132.	31,059.	299,067.	299,067.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) EMILY FEINSTEIN COO/SECRETARY	(i)	190,282.	0.	688.	20,082.	52,164.	263,216.	263,216.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOSEPH A. CALIFANO JR FOUNDER AND CHAIRMAN EMERITUS	(i)	203,000.	0.	1,174.	19,837.	69.	224,080.	224,080.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DOUGLAS A. LEU CHIEF TECHNOLOGY OFFICER	(i)	169,534.	0.	563.	16,555.	37,281.	223,933.	223,932.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARCIA LEE TAYLOR CHIEF EXT & GOVT. REL. OFFICER	(i)	199,940.	0.	840.	19,293.	1,162.	221,235.	221,235.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GINA Y. SAMSON CFO/TREASURER	(i)	174,228.	0.	792.	17,921.	24,277.	217,218.	217,218.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) BETH JEFFERY (THRU 07/2021) VP, MEDIA STRATEGY & PERFORMANCE	(i)	100,537.	0.	79,517.	9,245.	1,639.	190,938.	190,938.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) AARON T. HOGUE VP, RESEARCH & CLINICAL SCIENCE	(i)	171,674.	0.	516.	15,380.	921.	188,491.	188,490.
	(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.

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.

PART I, LINE 4A:

HIGHEST COMPENSATED EMPLOYEE, BETH JEFFERY, VP, MEDIA STRATEGY &

PERFORMANCE, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$72,958, IN

CALENDAR YEAR 2021. THIS AMOUNT HAS BEEN REPORTED IN SCHEDULE J, PART II,

COLUMN (B)(III).

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 WERE

FOLLOWED WITH RESPECT TO MR. DRURY'S COMPENSATION.

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	275,000.	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 2021. 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)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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:

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

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, 2021, 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, 2020. 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

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

Schedule O (Form 990) 2021

132211 11-11-21

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

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.

ON AUGUST 9, 2021, THE PARTNERSHIP'S FIRST DRAW WAS FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION RESULTING IN AN EXTINGUISHMENT OF DEBT BEING RECOGNIZED IN THE AMOUNT OF \$1,113,894 AS OF DECEMBER 31, 2021 ON THE FINANCIAL STATEMENTS. THE FULL AMOUNT OF THE LOAN WAS REPORTED AS A GOVERNMENT GRANT ON PART VIII ON THE FORM 990.

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.

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

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

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. THE PARTNERSHIP HAS DETERMINED TO ACCOUNT FOR ITS PPP LOAN UNDER THE DEBT MODEL.

SUBSEQUENT TO YEAR END, THE PARTNERSHIPS SECOND DRAW ON PAYCHECK PROTECTION PROGRAM WAS FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION ON JANUARY 18, 2022 AND WILL BE REPORTED AS A GOVERNMENT GRANT ON PART VIII OF THE SUCCEEDING YEAR'S FORM 990.

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. WE EQUIP PARENTS, FAMILIES, PROVIDERS AND OTHER HELPERS WITH THE KNOWLEDGE, TOOLS AND SUPPORT TO TAKE ACTION TO PREVENT SUBSTANCE MISUSE, ADDRESS ADDICTION AND SUPPORT RECOVERY FOR THEIR CHILDREN.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
INFRASTRUCTURE TO PROMOTE THE SCIENCE OF FAMILY INVOLVEMENT IN PREVENTION, TREATMENT, AND RECOVERY SERVICES; AND COORDINATING A NATIONAL RESEARCH CONSORTIUM TO ADVANCE THE FIELD OF ADDICTION RECOVERY SCIENCE. THROUGH COLLABORATIONS WITH PUBLIC AND PRIVATE PARTNERS, WE HAVE MADE TREMENDOUS STRIDES TO ADVANCE EFFECTIVE CARE. WE SHARE OUR FINDINGS BROADLY BY PUBLISHING RESOURCES FOR CAREGIVERS, HEALTH CARE PROFESSIONALS AND COMMUNITY LEADERS, AS WELL AS SUBMITTING

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

PARTNERSHIP-LED RESEARCH FOR PUBLICATION IN LIFE SCIENCE JOURNALS AND
OTHER OUTLETS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
RESOURCES, SUPPORT SERVICES AND FAMILIES IMPACTED BY SUBSTANCE USE AND
ADDICTION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
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 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
WE DEVELOP NEW PROGRAMS TO CARRY OUT PARTNERSHIP TO END ADDICTION'S
EXEMPT PURPOSE.
EXPENSES \$ 1,168,834. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PUBLIC POLICY
OUR POLICY TEAMS IS RESPONSIBLE FOR TRANSLATING SCIENTIFIC KNOWLEDGE
ABOUT SUBSTANCE USE AND ADDICTION INTO POLICY AND PRACTICE. WE WORK TO
IDENTIFY AND BUILD MOMENTUM FOR POLICIES THAT WILL HELP FAMILIES
IMPROVE AND SAVE THEIR LOVED ONE'S LIFE. THE DIVISION UNDERTAKES A
BROAD PROGRAM OF POLICY RESEARCH AND OTHER PRACTICE-BASED ACTIVITIES,
WITH A FOCUS ON: INCREASING FUNDING FOR FAMILY SUPPORT SERVICES;

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

EXPANDING ACCESS TO QUALITY TREATMENT; MAKING TREATMENT MORE AFFORDABLE; PROTECTING YOUTH FROM LEGAL ADDICTIVE SUBSTANCES; ADOPTING AN EARLIER AND BROADER APPROACH TO PREVENTION; AND ELIMINATING RACIAL INEQUITIES IN ADDICTION TREATMENT.

EXPENSES \$ 1,095,610. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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:
CONFLICT OF INTEREST POLICY

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.

FORM 990, PART VI, SECTION B, LINE 15:
PROCESS FOR DETERMINING COMPENSATION

THE ORGANIZATION CONDUCTS PERIODIC REVIEWS OF THE COMPENSATION OF THE CEO AND THE PRESIDENT AS WELL AS OTHER OFFICERS AND KEY EMPLOYEES, THE PARTNERSHIP TO END ADDICTION POLICY REQUIRES THE USE OF COMPARABLES

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

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

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

Name of the organization PARTNERSHIP TO END ADDICTION	Employer identification number 52-1736502
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HOW DOCUMENTS ARE AVAILABLE TO THE PUBLIC

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 IX, LINE 11G, OTHER FEES:

PROGRAM CONSULTANTS:

PROGRAM SERVICE EXPENSES 1,779,520.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,779,520.

TECHNICAL AND DIGITAL CONSULTING:

PROGRAM SERVICE EXPENSES 537,255.

MANAGEMENT AND GENERAL EXPENSES 85,836.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 623,091.

TEMP SERVICES:

PROGRAM SERVICE EXPENSES 137,268.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 137,268.

MEDIA SERVICES:

Name of the organization PARTNERSHIP TO END ADDICTION	Employer identification number 52-1736502
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PROGRAM SERVICE EXPENSES 82,215.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 82,215.

PUBLIC RELATIONS:

PROGRAM SERVICE EXPENSES 40,000.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 40,000.

RESEARCH CONSULTANTS:

PROGRAM SERVICE EXPENSES 4,188.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 4,188.

MISC. OTHER FEES:

PROGRAM SERVICE EXPENSES 420,984.

MANAGEMENT AND GENERAL EXPENSES 77,931.

FUNDRAISING EXPENSES 1,469.

TOTAL EXPENSES 500,384.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 3,166,666.

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

LOSS ON UNCOLLECTIBLE GRANTS AND CONTRIBUTIONS RECEIVABLE -2,462.