

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



CI3	87	MPGTD			4.28
oce	ss a	ıs original	Change of Accounting Period Short Form Return of Organization Exempt From Income Tax	,	OMB No. 1\$45-1150
	For	m フフリーに∠	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sportsorung organizations of donor advised funds, organizations that operate one or more hospital fa and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 (and total assets less than \$500,000 at the end of the year may use this form.	cilities,	2010
	Depa	ntment of the Treasury nal Revenue Service	and certain controlling organizations as defined in section 512(t)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 (and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements	61010	Open to Public Inspection
	Ā	For the 2010 calend	far year, or tax year beginning 7/01 , 2010, and ending 12/31		, 2010
		Check if applicable: C		D Employer	identification number
		Address change Pr	oduct Policy Project Inc.	43-2	038678
		Name change P.	O. Box 48433	E Telephone	
			hens, GA 30604	706~	613-0710
	F	Terminated			
	F≔	Amended return Application pending		F Group E Number	xemption
	G	Accounting Method	X Cash Accrual Other (specify)	k ► ∏if ti	e organization is not
			productpolicy org	ired to attact	Schedule B (Form
			only one) $- X = 501(c(X3)) 501(c)() 4947(a)(1) or 527 990,$	990-EZ, or 9	990-PF).
			organization is not a section 509(a)(3) supporting organization and its gross receipts	are normally	not more than
		\$50,000 A Form 99	0-F7 or Form 990 return is not required though Form 990-N (e-postcard) may be requ	uired (see in	structions). But if the
			es to file a return, be sure to file a complete return.		
	L	Add lines 5b, 6c, ar	nd 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	r if total	100 001
		assets (Part II, line	25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	<u></u> \$	122,321.
	Pa		Expenses, and Changes in Net Assets or Fund Balances (See the in		
			organization used Schedule O to respond to any question in this Part I		X
	- 1		gifts, grants, and similar amounts received		117,500.
	- }		ice revenue including government fees and contracts		4,663.
	l	3 Membership of	lues and assessments	3	
	- 1	4 Investment in	come	4	
	- 1	5a Gross amoun	t from sale of assets other than inventory		
	- 1	b Less: cost or	other basis and sales expenses		
	Į	c Gain or (loss) fro	m sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
		• •	undraising events		
	R	•	from gaming (attach Schedule G if greater than \$15,000) 6a	j	
	5		from fundraising events (not including \$ of contributions		
	N	from fundrais	ng events reported on line 1) (attach Schedule G if the sum	ļ	
	Ē	•	income and contributions exceeds \$15,000)		
			r (loss) from gaming and fundraising events (add lines 6a and		
		bb and subtra	ct line 6c)	<u>6d</u>	
			f inventory, less returns and allowances		
Cass					
2011		1	r (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
			e (describe in Schedule O)See Schedule O	8	158.
~			e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	🏲 9	122,321.
3			milar amounts paid (list in Schedule O)	10	
JUN		•	to or for members	11	
=	E		er compensation, and employee benefits	12	44,176.
	E	13 Professional	ees and other payments to independent contractors.	13	35,966.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Total expenses. Add lines 10 through 16.....

Occupancy, rent, utilities, and maintenance

Printing, publications, postage, and shipping

SCANNED

14

19

20

25,925.

15,703.

106,618.

162,632.

178,335.

Form 990-EZ (2010)

551.

14

15

16

17

18

19

20

21

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year

figure reported on prior year's return).....

Other changes in net assets or fund balances (explain in Schedule O) ...

Net assets or fund balances at end of year. Combine lines 18 through 20.

	1						
Form	990-EZ (2010) Product Policy	<u>-203</u>	38678 Page 2				
	Part II Balance Sheets. (see the instructions for Part II.) Check if the organization used Schedule O to respond to any question in this Part II						
	Check if the organization used Sch	edule O to respond to any qu	estion in this Part II	(A) Beginning of ye	ar I	(B) End of year	
22	Cash, savings, and investments		.	164,374			
23	Land and buildings				23		
24	Other assets (describe in Schedule O)	See Schedule O		2,631		1,578.	
25	Total assets			167,005		182,612.	
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of		line 21)	4,373 162,632		4,277. 178,335.	
	t III Statement of Program Ser				<u> </u>	Expenses	
	Check if the organization used So	hedule O to respond to any	question in this Part	<u> </u>	(Req	uired for section	
What !	s the organization's primary exempt purpose? See	e Schedule O			501(d	c)(3) and 501(c)(4) nizations and section	
desc	ribe what was achieved in carrying out the	e organization's exempt purp persons benefited, and other	oses. In a clear and r relevant information	concise manner, of for each	4947	(a)(1) trusts; optionat	
Prog:	ram title.				tor o	thers.)	
25	Improving corporate pract recycling, waste reduction	Tice and baptic bor	Servation W	rking			
	nationally to coordinate	policy goals and s	trategies.	4449			
	(Grants \$) If th	is amount includes foreign gr	ants, check here		28 a	47,122.	
29	See_Schedule_Q						
			_				
	(Grants \$) If th	is amount includes foreign gr	ante check here		29 a	_ 23,942.	
30	Developing professional m	nedia tools on prod	uct stewardsh	ilp.	230	23, 342.	
	Sarangeria Drandstannin I						
		~					
	(Grants \$) If th	is amount includes foreign gr	ants, check here		30 a	9,821.	
31	Other program services (describe in Sch						
32	(Grants \$) If the Total program service expenses (add line)	is amount includes foreign gr	ants, check here		31 a	80,885.	
Par							
	Check if the organization used S	chedule O to respond to any	question in this Part	IV			
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (not paid, enter -0-	(d) Contributions	, C	(e) Expense account and other allowances	
		to position	not paid, enter -o	deferred compensa	ton.	and other allowances	
Hel	en Spiegelman	President		0.	0.	0.	
	0 West 22nd Ave couver, BC V6S1J3 Canada	10.00					
	vid Stitzhal	Vice President		<u>. </u>	0.	0.	
	1 37th Place South	2.00			•		
Sea	ttle, WA 98144						
	1 Sheehan	Executive Direc	-	0.	0.	0.	
	Three Oaks Dr	40.00					
	nens, GA 30607 even Sherman	Secretary/Treas		. 	0.	0.	
	19 Lewiston Ave	3.00			٠.	}	
Be	keley, CA 94705	·					
Ray	mond Gaudart	Director		0.[0.	0.	
Box	916	2.00				ļ	
	sland, BC VOG1YO Canada toria Reinhardt	Director			0.	0.	
	West Kellogg Blvd	2.00			٠.	ļ	
St	Pau1, MN 55102						
Car	olyn Raffensperger	Director		0.	0.	0.	
	3 282, 217 Welch Ave Ste 1	þ1 2.00					
Ame	es, IA 50014					 	
				}		1	
]	
				 			
BAA		TEEA0812L 0	2/18/11			Form 990-EZ (2010)	

	1 990-EZ (2010) Product Policy Project Inc. 43-203867 To V Other Information (Note the statement requirements in the instructions for Part V.) See Schedule O to respond to any question in this Part V	iedu l	e 0	age 3
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule Q	33	Yes	No X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			L ,
	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?			X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		х
	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.	37b	-	X
	Did the organization file Form 1120-POL for this year?	38a	_	X
k	If 'Yes,' complete Schedule L, Part II and enter the total amount involved.			
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
ŀ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		j X
ć	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			1
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			1
€	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed None	_		
42 a	The organization's books are in care of Bill Sheehan Telephone no. > 706~6	13-0	710	
	Located at > 205 Three Oaks Dr Athens GA ZIP+4 > 30607			
			Yes	No
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	X
	If 'Yes,' enter the name of the foreign country: >			
				. (
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>X</u>
	If 'Yes,' enter the name of the foreign country:			
				N7 /3
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	'		N/A N/A
44 8	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	Yes	No X
ŧ	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	445		x
•	Did the organization receive any payments for indoor tanning services during the year?	44c		X
c	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in	44 d		
BAA	Schedule O TEEA08121. 02/18/11 Fo	rm 990	-EZ (2010)

Foim 990-E	z (2010) Product Policy Proj	ect Inc.		43-203867	8	P	age 4	
Yes No 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?								
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.) 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to							X	
46 Did the	dates for public office? If 'Yes,' complete	· Schedule C, Part I			46		X	
Part VI	Section 501(c)(3) organizations	and section 4947	(a)(1) nonexempt	t charitable trusts only.	III sec	tion		
	501(c)(3) organizations and sec 47-49b and 52, and complete the	tion 4947(a)(1) nor le tables for lines 5	ioxempt chantab i0 and 51.	ne trusts must answer qu	62(10)	15		
	Check if the organization used Schedul			VL		· <u></u>		
						Yes	No	
	ne organization engage in lobbying activit				47	<u>X</u> _	V	
	e organization a school as described in se ne organization make any transfers to an				48 49a		X	
	s,' was the related organization a section				49 b		 	
50 Comp	plete this table for the organization's five byees) who each received more than \$10	highest compensated	employees (other than	n officers, directors, trustees a	nd key			
		(b) Title and average	(c) Compensation	(d) Contributions to employee benefit plans and	(e) Ex	pense		
(a)	Name and address of each employee paid more than \$100,000	hours per week devoted to position		benefit plans and deferred compensation	other all	nt and owance:	·s	
None								
		;						
				-				
	number of other employees paid over \$1			_				
51 Comp	plete this table for the organization's five ensation from the organization. If there i	highest compensated is	ndependent contracto	ors who each received more th	an \$10	0,000	of	
comp	(a) Name and address of each independent cont)	(b) Type of service	(c) Comp	pensatio	ж	
None								
			<u></u>					
	number of other independent contractor	-		-				
52 Did th	ne organization complete Schedule A? Natable trusts must attach a completed Sch	ote: All section 501(c)(3) organizations and	4947(a)(1) nonexempt	X Yes	. [No	
Hoder seculiv	es of person. I declare that I have examined this return	including accompanding sch	edules and statements, and	to the best of my knowledge and belief, i				
TUE, COITECT,	and complete. Decaration of preparer (other than office	er) is based on all thiormadul	or which preparer has any h	4/18/11				
Sign	Signature of officer			Date //				
Here	Bill Sheehan			Executive Direc				
	Type or print name and title. Print/Type preparer's name	Preparer's signature \mathcal{M}_n	(a//) Date	Check if PTIN				
Paid	S Campbell CPA	S Campbell CP	mpour	U	74598	19		
Preparer	Firm's name > S. Campbell CPA							
Use Only	Firm's address > 300 Three Oaks	Drive		(705)	-2187			
112	Athens, GA 3060		valione	Phone no. (706) ▶	613- X Yes		No.	
May the IR	S discuss this return with the preparer s	nown_above? See instr	ucuons		orm 99			
~~~	CIS image -	Do not corres	pond for sign					
	)	,	ソーノ					

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010

Open to Public Inspection

Employer identification number

Product Policy Project Inc.	<del></del>						38678			
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
·	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)									
	10.00									
2 A school described in section 170(b)(1)(A)(	· -									
	- Carrier and a second a second and a second a second and									
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's										
name, city, and state:  5 An organization operated for the benefit of 170/hy1 (Complete Part II)										
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 suin section 170(b)(1)(A)(vi). (Complete Part										
8 A community trust described in section 170										
from activities related to its exempt function investment income and unrelated business	9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10 An organization organized and operated ex	clusively to test for pu	iblic safe	ty. See	section	509(a)(	4).				
more publicly supported organizations desc	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.									
a ∐Type I b ∐Type II	c 🔲 Type ill		-	_			d []	Type III -		r
<ul> <li>By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).</li> </ul>										
f If the organization received a written deterr check this box	mination from the IRS	that is a	Type I	Type II	or Type	e III sup	porting o	organizatıo	n, 	. 🗆
g Since August 17, 2006, has the organization	n accepted any gift or	r contrib	ution fro	om any o	of the fo	llowing	persons	?	Yes	
(i) A person who directly or indirectly con below, the governing body of the supp	ntrols, either alone or	together	with pe	rsons d	escribed	in (ii) a	and (iii)	11g(i)	162	No
(ii) A family member of a person describe								11g (ii)		
(iii) A 35% controlled entity of a person d								11 g (iii)		_
h Provide the following information about the										
(1) Name of supported (1) EIN organization	(iii) Type of organization (described on lines 1 9 above or IRC section (see Instructions))	(iv) i organiz column (i your go	s the ation in ) listed in verning nent?	(v) Did y the organ column your su	ızatıon in n (1) of	(vi) i organiz cotun organize	ation in nn (i) ed in the	(vii) Amour	nt of sup	port
		Yes	No	Yes	No	Yes	No			
<u>(A)</u>				<u> </u>						
(B)									_	
(C)										
(b)		-								
(E)										
Total  RAA For Panaguark Reduction Act Notice see the		900 050	00 F7			chodule	A Œor	n 990 or 9	20.EZ	2010

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2006	( <b>b)</b> 2007	(c) 2008	(ർ) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	129,300.	204,601.	299,188.	247,302.	117,500.	997,891.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	129,300.	204,601.	299,188.	247,302.	117,500.	997,891.
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)						136,226.
6	Public support. Subtract line 5 from line 4.						861,665.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) >	(a) 2006	<b>(ь)</b> 2007	(c) 2008	<b>(d)</b> 2009	(e) 2010	(f) Total
7	Amounts from line 4	129,300.	204,601.	299,188.	247,302.	117,500.	997,891.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		10.	2,188.	533.	158.	2,889.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). See . P.artIV		-492.				-492.
	Total support. Add lines 7 through 10						1,000,288.
12	Gross receipts from related activ	nties, etc (see ins	tructions)				0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(	3)
	tion C. Computation of Pu			. 13 (9)		- 14	96 1 0
14	Public support percentage for 20 Public support percentage from	) (I) (line 6, columi 2000 Sabadula A	1 (1) divided by III	ie 11, column (1)).		14	86.1 % 78.2 %
	16a 33-1/3% support test — 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33-1/3% support test — 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.						
17a	7a 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
t	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance: test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly suppor	re. Explain in Part ted organization	IV how the
<u>18</u> BAA	Private foundation. If the organi	zation did not che	ck a box on line	13, 10a, 16b, 17a			90 or 990-EZ) 2010

Sthedule A (Form 990 or 990-EZ) 2010 Product Policy Project Inc.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					-		
	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010		(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							<del>,</del>
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	: Add lines 7a and 7b				<u></u>			
8	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support	····		,				
Caten	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	<u> </u>	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).							
13 14	Total support. (Add to 9, 10, 11, and 12) First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year as	a section 5	)1(c)(3	) <u> </u>
<u> </u>				<u></u>			<u> </u>	
	tion C. Computation of Pu Public support percentage for 20			ne 13 column (f)	<u> </u>		15	8
15	Public support percentage for 20  Public support percentage from						16	
16 Sec	tion D. Computation of Inv				· ···· · · · · · · · · · · · · · · · ·			
	Investment income percentage f				umn (f))		17	<del></del>
	Investment income percentage f						18	9
18 19:	33-1/3% support tests = 2010. If	the organization	did not check the	box on line 14.	and line 15 is mor	e than 33-1/	3%, ar	nd line 17
	is not more than 33-1/3%, check	this box and <b>sto</b> the organization	<b>p nere.</b> The organ	nization qualifies nox on line 14 or	line 19a, and line	16 is more t	han 33	B-1/3%, and
	line 18 is not more than 33-1/3%  Private foundation. If the organi	6, check this box	and stop here. If	ie organization q	uaimes as a public	my supported	organ	1120(101)
BAA		Lation did not will	TEEA04031					0 or 990-EZ) 2010

Schedule	A (Form 990 or 990-EZ) 2010	Product Police	y Project <u>Inc.</u>	43-2038678	Page 4
Part IV	Supplemental Informa Part II, line 17a or 17b (See instructions).	tion. Complete this ; and Part III, line	part to provide the l2. Also complete	e explanations required by Part II, linthis part for any additional information	ie 10; in.
<b>-</b>			<b></b>		
<b>-</b>					
	<b>_</b> _				
BAA		<del></del>		Schedule A (Form 990 or	990-EZ) 2010

# SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

2010

OMB No. 1545-0047

► Complete if the organization is described below.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

	Part II-A.	that have vor mad rom or oo (ordener			<b>,</b>		
If the	organization answered 'Yes,	to Form 990, Part IV, line 5 (Proxy Tax) o	r Form 990-EZ, Part \	/, line 35a (Proxy Tax),	then		
• 5	Section 501(c)(4), (5), or (6) or	rganizations: Complete Part III.					
Name of organization  Employer identification number							
Pro	Product Policy Project Inc. 43-2038678  Part I-A   Complete if the organization is exempt under section 501(c) or is a section 527 organization.						
Pai	t I-A   Complete if the or	ganization is exempt under section	on 501(c) or is a s	ection 527 organiz	ation.		
1	Provide a description of the	organization's direct and indirect political c	ampaign activities in	Part IV.			
2	Political expenditures			▶\$			
3	Volunteer hours		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u></u>	· · · · · · · · · · · · · · · · · · ·		
Par	t I-B   Complete if the or	ganization is exempt under section	on 501(c)(3).				
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶\$	<u> </u>		
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	►\$	0.		
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No		
48	Was a correction made?				Yes No		
	If 'Yes,' describe in Part IV.						
Pai	t I-C Complete if the or	ganization is exempt under section	on 501(c) , except	section 501(c)(3).			
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities 🟲 \$			
2	2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities						
3	line 17b	ditures Add lines 1 and 2. Enter here and		>			
4	Did the filing organization file	Form 1120-POL for this year?			Yes No		
5	Enter the names, addresses	and employer identification number (EIN). For each organization listed, enter the arons received that were promptly and direct action committee (PAC). If additional spa	of all section 527 pol	tical organizations to w	hich the filing		
	organization made payments	s. For each organization listed, enter the a	mount paid from the t lly delivered to a seni	iling organization's fund erate political organizati	is. Also enter the ion. such as a separate		
	segregated fund or a political	action committee (PAC). If additional spa	ce is needed, provide	information in Part IV			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		
(1)							
(2)							
(3)							
(4)							
(5)			1				
				<del>                                     </del>	-		
(6)		}	1	j	ļ		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-E2.

Schedule C (Form 990 or 990-EZ) 2010

group. iited contr r incurred roots lobb ect lobbyid	ol' provisions apply.	(a) Filmg organization's totals  2,132.	78 Page 2 ction under (b) Affiliated group totals	
r Incurred roots lobb ect lobbyin	l.) ng)	2,132.	(b) Affiliated group totals	
r incurred roots lobb ect lobbyin	l.) ng)	2,132.	(b) Affikated group totals	
roots lobb ect lobbyi	ng)	2,132.	group totals	
ect lobbyid	ng)			
		2,132.		
		2,132.		
	<del></del>	104 406	0.	
vina tahle		106, 618.	0.	
wing table	ın	21,324.		
xable am	ount is:			
ine 1e.		}		
excess over	r \$1,500,000.			
		E 221	0.	
	· · · · · · · · · · · · · · · · · · ·		0.	
h Subtract line 1g from line 1a. If zero or less, enter -0-				
	-	<del></del>	0.	
	organization tile Form	4/20 reporting	. Yes No	
eriod Und 11(h) elect	der Section 501(h) tion do not have to co s for lines 2a through:	mplete all of the five 2f.)		
During 4	Year Averaging Period			
	(c) 2009	(d) 2010	(e) Total	
645.	49,988.	21,324.	166,686.	
			250,029.	
500.	4,500.	2,132.	15,256.	
411.	12,497.	5,331.	41,671.	
			62,507.	
500.	4,500.	2,132.	15,256.	
	wing table exable amine 1e. he excess ove e excess ove e excess ove li, did the Period Unit O1(h) elect struction	he excess over \$500,000. he excess over \$1,000,000. e excess over \$1,500,000.  It, did the organization file Form Period Under Section 501(h) O1(h) election do not have to constructions for lines 2a through Ouring 4-Year Averaging Period (c) 2009  645. 49,988.	104, 486.   106, 618.	

Schedule C (Form 990 or 990-EZ) 2010 Product Policy Project Inc.  Part IV   Supplemental Information (continued)	43-2038678	Page 4
Part IV   Supplemental Information (continued)		
~		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		
BAA	Schedule C (Form 990 or 99	0-EZ) 2010
TEEA3204L 10/11/10		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Product Policy Project Inc.	43~2038678
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
to develop and communicate a strong framework and build a const	ituency for
product-focused_environmental_policies_that_advance_sustainable	production_and
consumption and good governance.	
Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments	
Product Stewardship Councils - an umbrella project of PPI. Thi	s project engages
communities and local governments across the country in the "pr	coduct stewardship"
arena. Activities include coordinating meetings, organizing wo	orkshops, developing
policy and education tools, coordinating stakeholder strategy	and
education/outreach. This project aims to build new partnerships	and allies modeled
after the California Product Stewardship Council.	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co	ontracts
(a) Did the organization, during the year, receive any funds,	directly or
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, direct	ctly or
indirectly, on a personal benefit contract?	

TEEA4901L 10/26/10

2010	Schedule O - Supplemental Information	Page 2
	Product Policy Project Inc.	43-2038678
Other R	90-EZ, Part I, Line 8 levenue st	158. 158.
Form 99 Other E	90-EZ, Part I, Line 16 xpenses	
Deprec Insura Licens Office Resear Teleph	Retreat iation nce es and Fees Expenses ch & Conferences one & Internet Total \$	15,410. 1,053. 990. 219. 860. 168. 2,564. 4,661. 25,925.
Form 99 Other A	90-EZ, Part II, Line 24 ssets	
Machin		1,578. 1,578.
Form 9: Total Li	90-EZ, Part II, Line 26 iabilities	
	Beginning	Ending 1,541. 2,736. 4,277.
Form 9	90-EZ, Part III, Line 31 ent of Program Service Accomplishments	
		Program Service Expenses
Grants Instit	s that further the exempt purposes of Product Policy	
	Total \$ 0. \$	0.

•	
2010	Federal Worksheets
12010	regeral Worksheets
B	

Page 1

Product Policy Project Inc.

43-2038678

Excess Contributions Schedule A, Part II, Line 5

Name	2006	2007	2008	2009	2010	Total	2% Amt	Excess
	s n	s 35,000.	\$ 0.	\$ 0.	\$ 0.	\$ 35,000.	\$ 20,006.	\$ 14,994.
	50,000.	50,000.	0.	0.	0.	100000.	20,006.	79,994.
	6,250.	40,000.	0.	0.	0.	46,250.	20,006.	26,244.
	35,000.	0.	0.	0.	0.	35,000.	20,006.	14,994.
Total	10,000. \$ 101250.	10,000. \$135000.	<u>0.</u> \$ 0.	<u>0.</u> \$ 0.	<u>0.</u> \$ 0.	20,000. \$ 236250.	\$ 80,024.	0. \$ 136,226.

2010	Federal Supporting Detail Product Policy Project Inc.	Page 143-203867
	Product Folicy Project inc.	-W-243007
Stmt. of Function Other	al Expenses (990)	
IT & Website. Other Professi	onal Fees	6,287. 18,607. 24,894.
Stmt. of Function Other	al Expenses (990)	
IT & Website Other Professi	onal Fees. 5 Total 5	6,287. 17,953. 24,240.
Other	al Expenses (990)	
Other Professi	onal Fees	654. 654.

2010	Schedi	ule A, Part	IV - Supp	lemental Info	ormation	Page 5		
	43-2038678							
Part II, Line 10 - Other Income								
Nature and Se		2010	2009	2008	2007	2006		
Macure and S	Total					\$ 0.		
	10041	<u> </u>	: <u>*</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	•							
						!		
						•		