

# 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



DLN: 93493242003032

匆

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Internal	Revenue	Service	► The organization may have to use a copy of	of this return to sa	tisfy state repo	orting requi	rements	Inspection
A Fo	r the 2	2011 cal	endar year, or tax year beginning 01-01-2011	and ending 12-3	31-2011	D. F.		
		pplicable	C Name of organization MARIJUANA POLICY PROJECT			D Er	npioyer ide	entification number
Add	ress ch	ange	Doing Business As				2-191164 lephone ni	
Naı	me char	nge	bollig business / o				-	
Init	ıal retur	m	Number and street (or P O box if mail is not delivered	d to street address) R	loom/suite		02)462-	\$ 1,015,232
Ter	mınated	d	PO Box 77492			<b>G</b> (3)	oss receipts	<del></del>
☐ Am	ended r	return	City or town, state or country, and ZIP + 4 Washington, DC 200138492	<u>'</u>				
☐ App	olication	pending	washington, DC 200136452					
			<b>F</b> Name and address of principal officer		H(a)	Is this a gr	oup retur	n for
			Rob Kampia PO Box 77492			affiliates?		⊤Yes ▼ No
			Washington, DC 20013		Н(Ь)	Are all affilia	ates includ	led?
						If "No," att	ach a list	(see instructions)
<b>I</b> Ta	x-exem	pt status	501(c)(3)	1947(a)(1) or   52°	<sup>7</sup> H(c)	Group exe	mption nu	ımber 🟲
J W	ebsite	: <b>-</b> www	mpp org					
<b>K</b> Forr	n of org	janization	▼ Corporation		<b>L</b> Yea	r of formation	n 1995 <b>N</b>	State of legal domicile DC
Pa	rt I	Sumr	mary					
	1		scribe the organization's mission or most sigr					
	1		sions a nation where marijuana is legally regu t for problem marijuana users is non-coercive				on is hon	est and realistic, and
<u>မ</u> ို	-	reacmen	troi problem manjaana asers is non coercive	and geared toward	reducing nam	'		
<u> </u>	_							
Activities & Governance	, -	Chack the	s box 🔭 if the organization discontinued its	onerations or disp	acad of mara t	han 25% a	fita nat a	
Ĭ			f voting members of the governing body (Part			11411 25% 0	3	7
නැර දර			f independent voting members of the governing				4	6
Ę			nber of individuals employed in calendar year 2			•	5	26
Ę			nber of volunteers (estimate if necessary) .		,		6	20
Q.	   7a ⊺	Γotal unre	elated business revenue from Part VIII, colun	nn (C), line 12 .			7a	0
	ь	Net unrel	ated business taxable income from Form 990-	T, line 34			7b	0
						Prior Yea	r	Current Year
<b>a.</b>	8	Contrib	utions and grants (Part VIII, line 1h)			1,7	10,120	968,887
Revenue	9 Program service revenue (Part VIII, line 2g)						0	0
346	10		ment income (Part VIII, column (A), lines 3, 4			59	344	
_	11		evenue (Part VIII, column (A), lines 5, 6d, 8c evenue—add lines 8 through 11 (must equal P	· —		35,569	28,670	
	12		evenue—add imes o tinough II (must equal P	•		1,7	45,748	997,901
	13		and sımılar amounts paıd (Part IX, column (A				76,750	3,500
	14	Benefit	s paid to or for members (Part IX, column (A ),	line 4)		0		0
ø	15		s, other compensation, employee benefits (Pa	rt IX, column (A),	lines	۵	86,193	515,015
Expenses	16a	5-10)	sional fundraising fees (Part IX, column (A), lir	ne 11e)			8,365	0
क ⊕	ь		draising expenses (Part IX, column (D), line 25) $\triangleright$ 238,1		•		0,505	
Э	17		expenses (Part IX, column (A), lines $11a-11d$			6	62,673	432,069
	18		xpenses Add lines 13–17 (must equal Part I				33,981	950,584
_	19		e less expenses Subtract line 18 from line 1.				11,767	47,317
<u> </u>						inning of C	urrent	End of Year
Not Assets or Fund Balances		<b>-</b> · ·	(Dark V. L. 16)			Year	62.00=	
455 d Ba	20 21		ssets (Part X, line 16)		•		63,097 13,649	1,000,259
2 E	22		sets or fund balances Subtract line 21 from lii				997,791	
	1311		ature Block	10 20 1 1 1	· ·		49,448	33. 1. 32
			rjury, I declare that I have examined this return, i	ncluding accompan	ying schedules	and stateme	ents, and t	o the best of my
	ledge a ledge.	and belief,	it is true, correct, and complete. Declaration of	oreparer (other than	n officer) is base	ed on all info	ormation o	f which preparer has any
						2012-08-	-28	
Sign		Signat	ure of officer			Date		
Here	е		ampia Executive Director or print name and title				_	
		rype o	or print name and the		1_,	<u> </u>		
<b>.</b>		Preparer's signature		Date	Check if self-	(see	arer's taxpa instructions	yer identification number i)
Paid	000-		<u>r</u>		employed	<u>•                                    </u>		_
Use (	arer's	ıf self-em				EIN	<b>F</b>	
-3 <del>-</del>	Unity	address,	and ZIP + 4					

May the IRS discuss this return with the preparer shown above? (see instructions)  $\, \cdot \, \cdot \, \cdot \, \cdot \,$ 

Phone no 🕨

┌Yes ┌No

Par	t III	Statement of P				tIII		দ
1		y describe the organ					(2)	6. and a should
supp	orters		-coercive mai	rıjuana policies, (3		percive marijuana poli vs to reduce or elimina		or the medical and non-
2		ne organization unde Tor Form 990 or 990		nıficant program so		year which were not li	sted on	Yes ┌ No
	If "Ye	s," describe these n	ew services o	n Schedule O				
3	servi	ces?			nt changes in how	it conducts, any progr		Yes ┌ No
_		s," describe these c	-					
4	exper	ses Section 501(c)	)(3) and 501(	c)(4) organization	s and section 494	ts three largest progra 7(a)(1) trusts are req r each program servic	uired to report	
4a	(Code	e	) (Expenses \$	126,642	including grants of s	5 0)(	(Revenue \$	0)
	marıj		so if the initia	tive passes with a sim				The initiative would regulate nificant victory in the history
4b	(Code		) (Expenses \$	122,297	ıncludıng grants of s	5 0)(	(Revenue \$	0)
	of Co		ation on these b	ılls on 51 state Web pa		RES Monitored all marijua cific email alerts to MPP's e		the 50 states and the District n each state, and assisted
	(Code	a.	) (Expenses \$	70,981	including grants of s	6 0)(	(Revenue \$	0)
	PUBL		the public abou	it the need to reform o	our nation's marijuana	laws via MPP's Web site ai		operties, mainstream media
		Additional Data Tab	ام					
		er program services	<u> </u>	Schedule ()				
тм		enses \$	*	including grants	of\$	3,500 )(Revenue \$		31,831)
4e	Tota	l program service ex	penses <b>&gt;</b> \$	615,75	50			

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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</i> "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
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</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2011)

•		,
Part V	St	atements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b>   12			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
la l	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	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 or securities account)?	4a		No
h	·			NO
	If "Yes," enter the name of the foreign country ►			
	22 23.3 10			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
•	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
-	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
0	Section 501(c)(7) organizations. Enter	7.5		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand 13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		.10

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in 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?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
		-	V	
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		 No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	Yes	
c	rise to conflicts?			
	ın Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No_
14	Did the organization have a written document retention and destruction policy?	14		<u> No</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶CA , DC			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website. Another's website. Upon request.			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

(202)462-5747

# <u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

(A)  Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) Joby Pritzker Chair of Board	0	х		Х				0	0	0
(2) Aundre Special Vice Chair of Board	0	Х		Х				0	0	0
(3) Rob Kampia Secretary of Board	13	Х		Х				51,480	104,520	8,383
(4) Rene Ruiz Treasurer of Board	1	Х		Х				0	0	0
(5) Bill Dunn Director of Board	0	х						0	0	0
(6) John Gilmore Director of Board	1	х						0	0	0
(7) Richard Miller Director of Board	0	х						0	0	0
(8) Steve Fox Director of Government Relations	27					Х		68,684	33,830	6,724

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

	<b>(A)</b> Name and Title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estima amount o compens from t	ited f other sation the on and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	relati organiza	
1b	Sub-Total					•		<b>&gt;</b>				
c d	Total from continuation sheets  Total (add lines 1b and 1c) .			<u>· · ·</u>	<u> </u>	<u>·</u>		<u>-</u>	120,164	138,350		15,107
2	Total number of individuals (incl \$100,000 of reportable compen	udıng but not lın	nited to			ted	above	) who	received more tha	n		
											Yes	No
3	Did the organization list any <b>for</b> on line 1 a? <i>If</i> "Yes," complete Sch				e, k • •	ey e	mploy •	ee,o	or highest compens	ľ	3	No
4	For any individual listed on line : organization and related organization individual									ch	<b>4</b> Yes	
5	Did any person listed on line 1a services rendered to the organiz									or individual for	5	No
Se	ection B. Independent Con	tractors									•	
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio										
		(A) ne and business add	dress						Descr	(B) ription of services	(C Comper	
	Total number of independent cont \$100,000 of compensation from t			ot lır	nited	to t	those	liste	d above) who receiv	ved more than		

Form 99						Page <b>9</b>
Part	<b>/++</b> 1	Statement of Revenue	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts ofc	1a	Federated campaigns 1a 0				
<u>a</u>	b	Membership dues <b>1b</b> 920,549				
£,€	C	Fundraising events 1c 0				
<u>‡</u> g <u>≠</u>	d	Related organizations 1d 16,507				
ås, sim	e	Government grants (contributions) 1e 0				
er er	f	All other contributions, gifts, grants, and similar amounts not included above 31,831				
き	g	Noncash contributions included in				
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$	968,887			
<u> </u>		Business Code				
Tie.	2a					
æ	b					
M C e	C					
ja Ja	d					
Program Service Revenue	e	Allasharana				
Š	f	All other program service revenue				
	g	Total. Add lines 2a-2f	0			
	3	Investment income (including dividends, interest	244	0		244
	١.	and other similar amounts)  Income from investment of tax-exempt bond proceeds	344	0		
	4   5	Royalties	3,251	0	0	
		(i) Real (ii) Personal	·			, ,
	6a	Gross rents				
	ь	Less rental expenses				
	c	Rental income 0 0				
	d	or (loss)  Net rental income or (loss)				
		(I) Securities (II) Other				
	7a	Gross amount from sales of assets other than inventory				
	ь	Less cost or other basis and				
		sales expenses				
	C C	Gain or (loss) 0 0				
<b>.</b>	d 8a	Net gain or (loss)				
Other Revenue		\$0 of contributions reported on line 1c)				
Вe		See Part IV, line 18				
je.	ь	42,750 Less direct expenses <b>b</b> 17,331				
₹	c	Net income or (loss) from fundraising events	25,419		О	25,419
	9a	Gross income from gaming activities See Part IV, line 19				
	ь	Less direct expenses b				
	10a	Net income or (loss) from gaming activities				
	104	returns and allowances .				
	Ь	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
	11.	Miscellaneous Revenue Business Code				
	11a b					<del>                                     </del>
	c d	All other revenue				
	e	Total. Add lines 11a-11d				
		► I	0			
	12	Total revenue. See Instructions	997,901	0	0	29,014

# 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) but are not required to complete columns (B), (C), and (D)

	heck if Schedule O contains a response to any question in this Part IX	<del></del>	<del></del>	<u> </u>	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	<b>(C)</b> Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,000	3,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	500	500		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	54,288	23,886	15,201	15,201
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	388,798	300,705	33,110	54,983
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	6,313	5,053	449	811
9	Other employee benefits	22,414	16,292	2,441	3,681
10	Payroll taxes	43,202	31,729	4,663	6,810
11	Fees for services (non-employees)				
а	Management	4,330	0	3,000	1,330
b	Legal	2,825	1,950	875	0
c	Accounting	8,022	0	8,022	0
d	Lobbying	30,019	30,019	0	0
е	Professional fundraising See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	5,602	263	721	4,618
12	Advertising and promotion	3,540	3,355	185	0
13	Office expenses	51,587	24,254	8,602	18,731
14	Information technology	846	434	0	412
15	Royalties	0	0	0	0
16	Occupancy	61,018	44,814	6,586	9,618
17	Travel	9,580	9,451	129	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	55,015	55,015	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	10,718	0	10,718	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	online services	80,581	43,627	717	36,237
b	printing and photocopies	36,164	1,537	249	34,378
c	postage	28,468	246	115	28,107
d	mailing list purchase/rental/cleaning	12,125	1,500	0	10,625
e					
f	All other expenses	31,629	18,120	894	12,615
25	Total functional expenses. Add lines 1 through 24f	950,584	615,750	96,677	238,157
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 53.223 42.863 1 1 0 0 2 2 Savings and temporary cash investments . . . . . . . 0 3 0 3 0 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . O 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 901,000 947,000 7 0 0 8 0 0 9 9 Prepaid expenses and deferred charges . . . . . . 10a 65.174 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 54,778 8,874 b Less accumulated depreciation . . . . 10c 10,396 0 11 11 0 0 12 12 Investments—other securities See Part IV, line 11 . . . . . . 0 0 13 13 Investments—program-related See Part IV, line 11 . . 0 0 14 Intangible assets . . . . . . . . . 14 15 0 15 963,097 1,000,259 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 13,649 2,468 17 17 Accounts payable and accrued expenses . 18 18 0 19 0 19 0 20 20 0 21 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 0 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 0 25 D . . . . . 26 26 13,649 2,468 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 

and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . . 28 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ▽ and complete lines 30 through 34. ö 0 0 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 0 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 949,448 997,791 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances . . . . . 949.448 33 997.791 34 Total liabilities and net assets/fund balances . . . . . 963.097 34 1,000,259

146		eck if Schedule O contains a response to any question in this Part XI			ᅱ.	
1	Total reve	nue (must equal Part VIII, column (A), line 12)	1			997,90
2	Total exp	enses (must equal Part IX, column (A), line 25)	2			950,58
3	Revenue	ess expenses Subtract line 2 from line 1	3			47,31
4	Net asset	s or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		Ġ	949,44
5	O ther cha	nges ın net assets or fund balances (explaın ın Schedule O )	5			1,02
6	Net asset (B)) .	s or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column	6		ģ	997,79
Par		nancial Statements and Reporting neck if Schedule O contains a response to any question in this Part XII			৮	1
1	Λ ccountu	ng method used to prepare the Form 990	[		Yes	No
		inization changed its method of accounting from a prior year or checked "Other," explain in				
2a	Were the	organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the	organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	audıt, rev	o 2a or 2b, does the organization have a committee that assumes responsibility for oversight of ew, or compilation of its financial statements and selection of an independent accountant? Inization changed either its oversight process or selection process during the tax year, explain in the control of the		<b>2</b> c	Yes	
d		line 2a or 2b, check a box below to indicate whether the financial statements for the year were i rate basis, consolidated basis, or both	ssued			
	┌ Sepa	rate basis				
3a		t of a federal award, was the organization required to undergo an audit or audits as set forth in th dit Act and OMB Circular A-133?	e	3a		No
b		ıd the organization undergo the required audit or audits? If the organization did not undergo the r udits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

**Software ID:** 11000129

**Software Version:** v1.00

**EIN:** 52-1911644

Name: MARIJUANA POLICY PROJECT

#### Form 990, Special Condition Description:

#### **Special Condition Description**

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

4d. Other program ser	vices				
	) (Expenses \$ Continued to lobby the Illii state to legalize medical ma		including grants of \$ ure to pass MPP's bill to I	0 ) (Revenue \$ egalize the medical use of marijuana, whi	0) ch would
	) (Expenses \$ Monitored all marijuana-re end marijuana prohibition o			0 ) (Revenue \$ y lobbied to build support for the landmai	0 ) rk bill in the
Aaron Smith (a former and Steve serves as th	MPP staffer) to form NCIA	Aaron serve n 2011, the N	s as the executive direct APP office served as the l	0) (Revenue \$ Fers (Rob Kampia and Steve Fox) teamed for of NCIA, Rob sits on NCIA's board of a finub for NCIA's presence in Washington, [	directors,
	) (Expenses \$ G Continued lobbying the E by Gov Jack Markell (D) in			0 ) (Revenue \$ narıjuana legislation, which we succeeded	0) d at doing
			ss a marijuana-decrimina	0 ) (Revenue \$ lization bill, as well as a bill to legalize m Shumlin (D) signed into law in the spring o	
(Code RHODE ISLAND LOBE marıjuana for recreatio		21,954 rocess of lob	including grants of \$ bying the state legislature	0 ) (Revenue \$ e to decriminalize the personal possession	0) on of
	to create a state-licensing :			0 ) (Revenue \$ ax and regulate marijuana like alcohol, (2 aries and their growers, and (3) fend off b	
arrested for marıjuana	and can reasonably argue in ommission to investigate ex	n court that h	nis or her possession of m	0) (Revenue \$ which provides for a defense for anyone sharijuana was medical in nature This 201 na law, one of MPP's staff attorneys was a	.1 law also
Assembly side of the l	•	ed MPP's bil		0 ) (Revenue \$ dical-marijuana bill, with the understandir ass MPP's bill All the action is on the Se	-
		he veto of MI		500 ) (Revenue \$ ill by Gov John Lynch (D) in 2009, MPP of building support for a major push to en	
	) (Expenses \$ NITIATIVE Provided initia bulk of the signature drive v			3,000 ) (Revenue \$ ical-marijuana initiative on the Arkansas ily of 2012 )	0) ballot in
				0 ) (Revenue \$ Phoenix in April 2011 to educate people f the ballot initiative that MPP passed in	
(Code MASSACHUSETTS LC pass medical-marijuan		3,689 onducted a lo	ıncludıng grants of \$ w-level lobbyıng effort fro	0 ) (Revenue \$ m D C to nudge the Massachusetts legis	0) slature to
late 2009, MPP took c	_	DC governn	nent to implement the loc	0 ) (Revenue \$ of medical marijuana in the District of Col al law, with the goal of implementing a mi ijuana in D C	
	) (Expenses \$ G Conducted a low-level lo at MPP enacted in Michigan			0 ) (Revenue \$ e Mıchıgan legıslature not to roll back the	0) e medical-

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) 4d. Other program services ) (Expenses \$ 1,339 including grants of \$ 0) (Revenue \$ (Code 0) POLITICAL ACTION COMMITTEE Maintained the "MPP Medical Marijuana Political Action Committee," which is the primary source of political donations to federal and state candidates who support reforming our nation's marijuana laws (This PAC has its own expenditures and revenues, which can be found at the Federal Elections Commission ) ) (Expenses \$ 1,202 including grants of \$ (Code 0) (Revenue \$ 0) CONFERENCES AND COALITION-BUILDING Attended and spoke at conferences and met with potential allies to build support for state

and federal legislation

DLN: 93493242003032

OMB No 1545-0047

Open to Public

## **SCHEDULE C** (Form 990 or 990-EZ)

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. ► See separate instructions.

Political Campaign and Lobbying Activities

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

- ◆ 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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

N	ame	of t	he	orga	anız	atıoı	n
М	ARIJU	ANA	PO	LICY	PRO:	JECT	

Employer identification number

MAF	RIJUANA POLICY PROJECT					
		52-1911644				_
Par	t I-A Complete if the organization is exempt under section 501(c) or is a s	ection 52	7 org	<u>janizatio</u>	n.	_
1	Provide a description of the organization's direct and indirect political campaign activities on bel in opposition to candidates for public office in Part IV	nalf of or				
2	Political expenditures	<b>▶</b>	\$		1,33	ç
3	Volunteer hours		_			(
Par	t 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					
Par	t I-C Complete if the organization is exempt under section 501(c) except	section 50	1(c)	(3).		_
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	tivities 🕨	\$			(
2	Enter the amount of the filing organization's funds contributed to other organizations for section ! exempt funtion activities	527 <b>►</b>	\$			(
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line	L7b <b>►</b>	\$			(
4	Did the filing organization file Form 1120-POL for this year?			┌ Yes	√ No	

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

**f** Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.)  Lia Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not 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 \$1,000,000 but not over \$1,000,000 \$1,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1f from line 1c If zero or less, enter -0-  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?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ ) 2 0 1 1					Page <b>∠</b>			
A Check   If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures)    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.)   Organization Total Incurred (The term "expenditures" means amounts paid or incurred.)   Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(	c)(3) and fi	iled Form 5768	(election			
expenses, and share of excess lobbying expenditures)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying)  Lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total obtaining purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,			
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures (add lines 1 aand 1b)  Other exempt purpose expenditures (add lines 1 aand 1b)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line Le, column (a) or (b) is:  If the amount on line Le, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Fig. Soon over \$1,000,000  Fig. Soon ov			expenses, and share of excess lob	bying expenditures)		_	•				
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1			
(The term "expenditures" means amounts paid or incurred.)  Ital Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  S1200,000 plus 10% of the excess over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated			
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S100,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Over \$1,000,000  The lobbying nontaxable amount is:  Not over \$500,000  Over \$1,000,000  Over \$1,000,00					Organization's Totals	Group Totals					
b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,7000,000  Over \$1,000,000 but not over \$1,7000,000  S225,000 plus 15% of the excess over \$1,000,000  Over \$1,7000,000  Over \$1,7000,000  F17,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$1,7000,000  F17,000,000  S17,000,000  F17,000,000  F17,000		<b>-</b>			1 \		100013	1 ocars			
c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  In the excess over \$1,000,000  F1,000,000  F1,000,0				· -							
d O ther exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000					ying)						
Total exempt purpose expenditures (add lines 1c and 1d)    Lobbying nontaxable amount Enter the amount from the following table in both columns   If the amount on line 1e, column (a) or (b) is:			,	b)							
f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$17,000,000 but not over \$1,7000,000  Over \$17,000,000  Over \$1,000,000	d	Otherexe	empt purpose expenditures								
Columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000  Over \$1,000,000  Over	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)							
Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,500,000 but not over \$1,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  S1,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  Subtract line 1f from line 1c If zero or less, enter -0-  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?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying celling amount	f		nontaxable amount Enter the amount	from the following table	in both						
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 \$1,000,000 \$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 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:						
Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Section \$225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  h Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1ffrom line 1c If zero or less, enter -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?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e						
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 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000					
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- 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?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000					
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -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?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000					
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- 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?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount	Over \$17,000,000 \$1,00			\$1,000,000	000,000						
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- 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?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount											
i Subtract line 1f from line 1c If zero or less, enter -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?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)							
i Subtract line 1f from line 1c If zero or less, enter -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?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount	h	,									
Jection 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying ceiling amount											
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount					organization file	Form 4720 re	portina				
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount							F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	┌ Yes ┌ No			
Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 2009  Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five			
beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  2a Lobbying non-taxable amount  b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d				
<b>b</b> Lobbying ceiling amount				(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> Total			
	2a	Lobbyin	g non-taxable amount								
	b										
c Total lobbying expenditures	c	Total loi	obying expenditures								
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount								
e Grassroots ceiling amount (150% of line 2d, column (e))	e										

Pa	rt II-B	Complete if the organization is exempt under section $501(c)(3)$ and has $(election under section 501(h))$ .	NOT f	iled F	orm	576	8
			(	a)		(b)	
			Yes	No	/	Amoui	nt
1	legislation through t	e year, did the filing organization attempt to influence foreign, national, state or local n, including any attempt to influence public opinion on a legislative matter or referendum, he use of					
	Voluntee	L					
b		for management (include compensation in expenses reported on lines 1c through 1i)?			1		
C		vertisements?			<u> </u>		
d		to members, legislators, or the public?					
е		ons, or published or broadcast statements?					
f	Grants to	other organizations for lobbying purposes?					
g		ntact with legislators, their staffs, government officials, or a legislative body?					
h		emonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Otherac	tivities? If "Yes," describe in Part IV					
j	Total lin	es 1c through 1ı					
2a		ctivities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes,"	enter the amount of any tax incurred under section 4912					
C	If "Yes,"	enter the amount of any tax incurred by organization managers under section 4912					
		ng organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A	Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .	501(c	)(5),	or s	ectio	'n
_				_		Yes	No
1		stantially all (90% or more) dues received nondeductible by members?		L	1		<u> </u>
2		rganization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3		rganization agree to carryover lobbying and political expenditures from the prior year?			3	L	
Par	t III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ectio	'n
1	Dues, as	sessments and similar amounts from members	1				
2		62(e) non-deductible lobbying and political expenditures (do not include amounts of political for which the section 527(f) tax was paid).					
	Current		2a	<u> </u>			
Ь	Carryove	r from last year	2b				
C	Total		2c				
3	Aggrega	e amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	does the	s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	4				
5	•	amount of lobbying and political expenditures (see instructions)	5				
	art IV	Supplemental Information		<u> </u>			
Со	mplete thi	s part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and the test of the second	d Part	II-B, lın	e 1ı		

Identifier	Return Reference	Explanation
SchC_P1A_S00_L01	Schedule C, Part I-A, Line 1	MPP maintained the federal "MPP Medical Marijuana PAC"

DLN: 93493242003032

OMB No 1545-0047

Open to Public

Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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

**Supplemental Financial Statements** 

Name of the organization

Employer identification number

	JUANA POLICY PROJECT			1	oyer identifica	CIOII IIIIIID	<b>.</b> .		
Par	t I Organizations Maintaining Donor A	dvised Funds or O	ther Similar E	52-1911644   lar Funds or Accounts. Complete if the					
	organizations Maintaining Donor A			mus C	. Accounts	. Comple	ce ii tili		
		(a) Donor adv	sed funds	(1	<b>b)</b> Funds and o	theraccou	ınts		
1	Total number at end of year								
2	Aggregate contributions to (during year)								
3	Aggregate grants from (durıng year)								
4	Aggregate value at end of year								
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	_		or advis	ed	┌ Yes	┌ No		
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit					┌ Yes	┌ No		
Dar	t II Conservation Easements. Complete	out the organization a	nswered "Yes" to	Form	990 Part IV		,		
1	Purpose(s) of conservation easements held by the			7 1 01111	330, Tare 14	, IIIC 7.			
-	Preservation of land for public use (e g , recreation Protection of natural habitat	tion or pleasure)	Preservation of an Preservation of a c			•	a		
	Preservation of open space								
2	Complete lines 2a-2d if the organization held a qua easement on the last day of the tax year	lified conservation conti	ribution in the form	of a co	nservation				
	easement on the last day of the tax year		Г	Τ	Held at the	End of the	Voar		
а	Total number of conservation easements		ŀ	2a	riela at the	LIIG OF THE	: i cai		
	Total acreage restricted by conservation easement	S	-	2b					
	Number of conservation easements on a certified hi		tin (a)	2c					
	Number of conservation easements included in (c) a			2d					
			L						
	Number of conservation easements modified, transf	erred, released, extingu	ished, or terminate	d by the	e organization	during			
	the taxable year 🕨								
4	Number of states where property subject to conserv	ation easement is locat	ed <b>►</b>						
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		g, inspection, hand	ling of	violations, and	☐ Yes	┌ No		
5	Staff and volunteer hours devoted to monitoring, ins	specting and enforcing co	onservation easem	ents du	ring the year 🕨				
7	A mount of expenses incurred in monitoring, inspect	-							
,	<b>▶</b> \$								
	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the re	equirements of sec	tion		┌ Yes	┌ No		
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the orga							
	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historic	al Treasures, o	or Oth	er Similar <i>i</i>	Assets.			
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets helprovide, in Part XIV, the text of the footnote to its fi	S 116, not to report in it d for public exhibition, ed	s revenue stateme ducation or researc	h ın fur			e,		
b	If the organization elected, as permitted under SFA: historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, educa				•			
	(i) Revenues included in Form 990, Part VIII, line	1			<b>►</b> \$				
	(ii) Assets included in Form 990, Part X				<b>►</b> \$				
	If the organization received or held works of art, his following amounts required to be reported under SFA			r financ					
а	Revenues included in Form 990, Part VIII, line 1				<b>▶</b> \$				

**b** Assets included in Form 990, Part X

	Jsing the organization's accession and other tems (check all that apply)	r records, check any	y of th	ne foll	owing t	hat are	a significa	nt us	e of its collection		
а <sub>Г</sub> Ь Г	,,						,	45			
ьГ	Public exhibition		d	Γ	Loan	or excha	ange progr	ams			
_	Scholarly research		е	Γ	Other						
c	Preservation for future generations										
	Provide a description of the organization's co Part XIV	llections and expla	ın hov	w the	y furthe	r the or	ganızatıon	s exe	empt purpose in		
	During the year, did the organization solicit o								lar	Yes	┌ No
Part	Escrow and Custodial Arrange Part IV, line 9, or reported an arr						answered	l "Y∈	es" to Form 990	,	
	s the organization an agent, trustee, custod ncluded on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontrıbu	tions or	other ass	ets n	ot	Yes	┌ No
<b>b</b> I	f "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able		Г	1	Amou	nt	
	Dagunga balanca						F	10	Alliou	1111	
_	Beginning balance							1c   1d			
,	Additions during the year						<b>⊢</b>	1e			
_	Distributions during the year Ending balance						<b>—</b>	1f			
	Enumy paramee Old the organization include an amount on Fo	rm 000 Part V line	. 212				L	<u>  </u>	Γ,	Y	□ No
	<del>-</del>		e 21 '						ı	res	) NO
b I Part	f "Yes," explain the arrangement in Part XIV  Endowment Funds. Complete i		2 200		od "Vo	c" to E	orm 000	Dart	TV line 10		
Part	Endowment Funds. Complete I	(a)Current Year		Prior '			Years Back			Four Ye	ears Back
<b>1</b> a E	Beginning of year balance	(a)cancin real	<u> </u>	,		(5)5		(-)	(-)		
	Contributions										
<b>c</b> I	investment earnings or losses										
	Grants or scholarships										
	Other expenditures for facilities										
f A	Administrative expenses										
g E	End of year balance										
<b>2</b> P	Provide the estimated percentage of the yea	r end balance held a	as						•		
a B	Board designated or quasi-endowment 🕨										
<b>b</b> P	ermanent endowment 🕨										
<b>c</b> T	erm endowment 🕨										
	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that a	are held	d and ad	mınıstered	fort	he 	Yes	No
	i) unrelated organizations			•					3a(i)		
-	ii) related organizations								3a(ii)		<u> </u>
	f "Yes" to 3a(II), are the related organization	•						٠	3b		<u> </u>
	Describe in Part XIV the intended uses of the					0					
Part		iit. See rofiii 99	U, Pa				ass :	1	(-) (-)		
	Description of property				a) Cost o sıs (ınve		( <b>b)</b> Cost or o		(c) Accumulated depreciation	( <b>d</b> ) Bo	ook value
<b>1a</b> La	ınd					0		0			0
<b>b</b> Bu	uldıngs		•			0		0	0		0
<b>c</b> Le	easehold improvements					0		0	0		0
<b>d</b> Ed	quipment					65,174		0	54,778		10,396
	ther					0		0	0		0
Takal	Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colur	nn (B)	), line	10(c).)				•		10,396

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	7	
		8	
	Other (Describe in Part XIV)		
	Total adjustments (net) Add lines 4 - 8	9	
)	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
14	Reconciliation of Revenue per Audited Financial Statements With Revenue p		eturn
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
)	Donated services and use of facilities		
:	Recoveries of prior year grants		
ı	Other (Describe in Part XIV)		
•	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
rt	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
	Total expenses and losses per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
)	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIV) 2d		
:	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
•	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
•	Other (Describe in Part XIV)		
	Add lines <b>4a</b> and <b>4b</b>	4c	
3			
!	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	

Identifier Return Reference Explanation

additional information

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493242003032

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

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

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public

Name of the organization MARIJUANA POLICY PROJECT	т					Employer ider	ntification number
MARIJOANA FOLICI FROJEC	1					52-1911644	
Part I Fundraising Ac	<b>tivities.</b> Complet	e if the o	rganıza	tion answered "Yes"	to Form	990, Part IV	, line 17.
<ul> <li>Indicate whether the organ</li> <li>Mail solicitations</li> <li>Internet and e-mail so</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have or key employees listed in</li> <li>If "Yes," list the ten higher to be compensated at lease</li> </ul>	nization raised funds  olicitations  s a written or oral agre i Form 990, Part VII st paid individuals or	through and the sement with a continuous or entity rentities (f	ny of the e f g h any ind in conne	following activities Ch Solicitation of no Solicitation of go Special fundraisi dividual (including office action with professional ers) pursuant to agreem	neck all the negovern vernment on events ers, direct fundraising ents und	nat apply ment grants t grants t tors, trustees ng services? er which the fur	<b>└──Yes                                   </b>
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) fundraise custor contribu Yes	erhave dy or ol of	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization
3 List all states in which the licensing	organization is regis	stered or lı	censed t	l o solicit funds or has b	l een notifi	ed it is exempt	I from registration or

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
Φ.			(event type)		(total number)	42.750
Revenue	2	Gross receipts  Less Charitable contributions	42,750			42,750
	3	Gross income (line 1 minus line 2)	42,750	)		42,750
	4	Cash prizes	C	)		0
မာ	5	Non-cash prizes	C	)		0
Expenses	6	Rent/facility costs	2,754			2,754
ă	7	Food and beverages	C	)	0	0
Drea	8	Entertainment	C	)	0	0
ā	9	Other direct expenses .	14,577	,		14,577
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)		(17,331)
	11	Net income summary Combine lii	nes 3 and 10 ın column (	d)		25,419
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
9. 9.	2	Cash prizes				
Expenses	3	Non-cash prizes				
ம ர	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes ┌ No	┌ Yes	┌ Yes ┌ No	
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)		( )
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ►</u>	
9 a b	Is th	er the state(s) in which the organiza he organization licensed to operate No," Explain	gaming activities in eac	n of these states?		· Fyes Fno
10a b		e any of the organization's gaming l	icenses revoked, susper	nded or terminated during	the tax year?	· · Fyes FNo

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza			
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	<b>\$</b> \$			
	Description of services provided	<b>&gt;</b>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

DLN: 93493242003032

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of '	the	org	a niz	zatio	n
MARIJU	IANA	POL	ICY	PRO	JECT	

**Employer identification number** 

52-1911644

Pa	rt I Questions Regarding Compensation				
			Yes	Νo	
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items				
	First-class or charter travel  Housing allowance or residence for personal use				
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees				
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		Νo	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all				
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the				
	organization's CEO/Executive Director Check all that apply  Compensation committee  Written employment contract				
	Compensation committee Written employment contract Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations  Approval by the board or compensation committee				
	Approval by the board of compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization				
а	Receive a severance payment or change-of-control payment?	4a		Νo	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any				
	compensation contingent on the revenues of				
а	The organization?	5a		Νo	
b	Any related organization?	5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form $990$ , Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of				
а	The organization?	6a		Νo	
b	Any related organization?	6b		No	
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed				
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was				
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe				
	ın Part III	8		Νo	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations				
	section 53 4958-6(c)?	9			

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name	(B) Breakdown of  (i) Base compensation	f W-2 and/or 1099-MISC compensation  (ii) Bonus & (iii) Other reportable compensation		(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ	
(1) Rob Kampia (i)	51,480 104,520	0	0	0 0	2,808 5,575		0	
(2) Steve Fox (1)	68,684 33,830	0	0	0	4,548 2,176		0	

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	MPP paid \$200/month for most of 2011 for a small room in a group house in downtown Denver, which MPP's Rob Kampia was able to use for MPP's business in Denver, in the pursuit of MPP's statewide ballot initiative in Colorado for the November 2012 ballot. The idea was that paying \$200/month for unlimited use of what was essentially a "hotel room" would save MPP a large amount of money, rather than paying for hotel rooms in downtown Denver at a cost of between \$100/night and \$200/night. The idea paid off, saving MPP many thousands of dollars.
	Part I, Line 1b	MPP didn't implement a written policy regarding the rental of the \$200/room in Denver Rather, MPP's Rob Kampia received oral approval from the MPP board before executing the rental agreement, which was a "no-brainer," given how much money the short-term rental agreement was saving MPP, as opposed to paying for nightly hotel rooms in downtown Denver for MPP's Rob Kampia

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493242003032

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization MARIJUANA POLICY PROJECT

**Employer identification number** 

52-1911644

ldentifier	Return Reference	Explanation
F990_P03_S00_L02	Form 990, Part III, Line 2	MPP launched a ballot-initiative campaign in Colorado, for the purpose of regulating marijuana like alcohol in Colorado in November 2012
F990_P03_S00_L03	Form 990, Part III, Line 3	MPP ceased its ballot-initiative activities in Arizona (where MPP passed its medical-marijuana initiative in November 2010) and Nevada (where MPP failed to qualify its initiative for the ballot in November 2010) In addition, MPP dramatically reduced its lobbying activities in Massachusetts and New York
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	Anyone who donates \$5 or more to MPP or the MPP Medical Marijuana PAC is considered to be a "member" of MPP for one year after the date of the donation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	Members of MPP are eligible to vote in the once-every-three-years election of the member-elected Director of the Board
F990_P06_S0B_L10b	Form 990, Part VI, Section B, Line 10b	In 2011, MPP had only one affiliate the "Coalition to End Marijuana Prohibition" in Colorado, which is a ballot-initiative committee under state law. Because the sole staffer for CEMP was actually a paid employee of the national office of MPP, this staffer adhered to all the same reporting and management requirements as other MPP staffers, in addition, the finances of CEMP were managed by the national office of MPP
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	A draft of this Form 990 was meticulously reviewed by the board's treasurer as well as submitted to the entire board before it was filed
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	MPP's executive director asks every member of the MPP staff and board to sign the conflict-of-interest policy, the intent is to have each person sign the policy once annually. This is preferable to conducting "Romanian-style" investigations of each MPP staffer and board member to determine if anyone is violating the conflict-of-interest policy.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	MPP's documents are maintained in the organization's main office in the District of Columbia The MPP staff mails the documents to interested persons upon request via the U.S. Postal Service
F990_P11_S00_L05	Form 990, Part XI, Line 5	Based on some changing figures from 2010, MPP saw a net increase of \$1,026 for the year, just as an adjustment
F990_P12_S00_L02c	Form 990, Part XII, Line 2c	For calendar year 2010, an outside accounting firm audited MPP's books after MPP's Form 990 had already been submitted to the IRS. But for calendar year 2011, the outside accounting firm conducted its audit while MPP's Form 990 was still under construction, thereby ensuring that the figures in the audit and the Form 990 matched each other.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R** 

**Related Organizations and Unrelated Partnerships** 

DLN: 93493242003032 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

> Open to Public Inspection

Name of the organization MARIJUANA POLICY PROJECT					Employer ide	entification number		
				•	52-191164	4		
Part I Identification of Disregarded Entities (Comp	lete if the organization	on answered "Yes	" on Form 990, Pa	art IV,	line 33.)			
<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> e Total income	<b>(e)</b> End-of-year assets		<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during		ıf the organızatıor	n answered "Yes"	on Fo	orm 990, Pa	rt IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Publi (if se	(e) Ic charity status ction 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 cont organ	trolled nization
(1) Marijuana Policy Project Foundation							Yes	No
PO Box 77492	public education	DC	501(c)(3)		line 3	7 N/A		No
Washington, DC 20013 52-1975211	public education	DC .	301(0)(3)		iiic i	W G		
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	ions for Form 990.	Cat No 5	0135Y			Schedule R (F	orm 990	2011

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	allocations?		Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No			
												i		

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Рптагу activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

(5)

(6)

Schedule R	(Form 990) 2011					Pa	ge <b>3</b>
Part V	Transactions With Related Organizations (Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35, 3	35A, or 36.)			
Note	. Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No
<b>1</b> During t	the tax year, did the orgranization engage in any of the following transactions with one or more related org	anızatıons lısted ın Par	ts II-IV?				
<b>a</b> Rece	upt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity				1a		No
<b>b</b> Gıft,	grant, or capital contribution to related organization(s)				1b		No
<b>c</b> Gıft,	grant, or capital contribution from related organization(s)				1c		No
<b>d</b> Loan	s or loan guarantees to or for related organization(s)				1d	Yes	
e Loans or loan guarantees by related organization(s)							
€ Cala	of assets to related organization(s)				1f		No
	hase of assets from related organization(s)				1g		No
_					1h		No
	ange of assets with related organization(s)				1i		No
ı Lease	e of facilities, equipment, or other assets to related organization(s)						
j Leas	e of facilities, equipment, or other assets from related organization(s)				1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)							
I Perfo	rmance of services or membership or fundraising solicitations by related organization(s)				11		No
<b>m</b> Shari	ng of facilities, equipment, mailing lists, or other assets with related organization(s)				1m	Yes	
<b>n</b> Shar	ing of paid employees with related organization(s)				1n	Yes	
_							
	bursement paid to related organization(s) for expenses				10		No
<b>p</b> Reim	bursement paid by related organization(s) for expenses				1p		No
<b>a</b> Othe	r transfer of cash or property to related organization(s)				1q	Yes	
	r transfer of cash or property from related organization(s)				1r		No
				l			
2 If the	answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered relat	cionships and transac	tion thresholds			
	(a)	(b) Transaction	(c)	Method of dete	d) mini	ng amo	ount
	Name of other organization	type(a-r)	Amount involved	MPP Foundation's	lved	to MPD	
(1) Marıjuana	a Policy Project Foundation	d	46,000	increased from \$90 over the course of	01,00	0 to \$9	
				MPP and MPP Four	ndatio	n shar	
				space and therefor machine, printers,	phon	es, and	
				equipment Regard organization paid i			e of the
(2) Marijuana	a Policy Project Foundation	m	70,000	rent, the purchase	of ed	quipme	nt, and
			<u> </u>	the rental of equip \$70,000 figure tha			
				really just an estin			
				no transfer of \$70,	000 1	from or	
				organization to the MPP and MPP Four			 ed
				numerous employe	ees F	Regardl	ess,
				each organization the salaries, taxes			
(3) Marijuana	a Policy Project Foundation	n	500,000	each organization's employees " So th			figure
		"	300,000	that's reported her	e is r	eally ju	ıst an
				estimate of the va were shared, there			
				\$500,000 from one other			
				MPP rented MPP F			
				for the purpose of	maılı	ng a ha	
				fundraising mailing Foundation's dono			ng rate
(4) Marıjuana	a Policy Project Foundation	q	10,000	for such rentals of	othe	r organ	ızatıons'
	q 10,000 mailing lists is 10 ce						
				MPP was entitled t	o ren	it 100,0	
					o ren mem	bers ov	er the

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011