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PUBLIC DISCLOSURE COPY

Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

Do not enter social security numbers on this form as it may be made public.

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



AI	For th	e 2019 calendar year, or tax year beginning and	ending	_	
B	Check if applicat	le: C Name of organization		D Employer identifie	cation number
	Addr				
	Nam chan	ge Doing business as		52-19116	44
	Initia	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Final		12	202-462-	
_	termi ated Amei	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,872,495.	
	_lretur ∏AppI	WASHINGION, DC 20009		H(a) Is this a group re	
	tion pend	F name and address of principal officer: S 1 1 V LIN W • 11AWA LINS		for subordinates H(b) Are all subordinates ir	
1	Tax-ex	empt status: 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1)	or 527	-	list. (see instructions)
		te: WWW.MPP.ORG		H(c) Group exemptio	
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year		State of legal domicile: DC
	art I	Summary			
-	1	Briefly describe the organization's mission or most significant activities: TO E	ND MAR	IJUANA PROH	IBITION BY
nce		LOBBYING AND DEPLOYING RESOURCES FOR FED	ERAL A	ND STATE LA	W CHANGES.
Governance	2	Check this box if the organization discontinued its operations or disposed in the organization dispo	sed of more	e than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			9
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
ŝ	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			23
viti	6	Total number of volunteers (estimate if necessary)			11
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		1,739,965.	1,872,299.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	196.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,795.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,742,760.	1,872,495.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		602,550.	2,258.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		796,782.	847,023.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>31.</u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		555,167.	701,014.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,954,499.	1,550,295.
	19	Revenue less expenses. Subtract line 18 from line 12		-211,739.	322,200.
Net Assets or -und Balances			Be	ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		197,649.	267,612.
t As	21	Total liabilities (Part X, line 26)		272,821.	26,103.
I Pur	22	Net assets or fund balances. Subtract line 21 from line 20		-75,172.	241,509.

Part II Signature Block

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

Sign Here	Signature of officer STEVEN W. HAWKINS, EXE Type or print name and title	CUTIVE DIRECTOR	Date	
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	DAVID JONES			
Preparer	Firm's name 🖕 JONES, MARESCA &	MCQUADE, P.A.	Firm's EIN ▶ 52-1853933	
Use Only	Firm's address 10500 LITTLE PAT	UXENT PARKWAY, SUITE		
	COLUMBIA, MD 210	44	Phone no. $410 - 884 - 0220$	
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes	No
932001 01-2	0-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (20)19)
~	TH COMPANY THE A HAD ADOMNIT	A DIAL MICATON ADDRESS		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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le To	otal program service expenses		789,457.			
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Form 990 (2019)	MARIJUANA	PO
Part IV	Checklist of	FRequired Schedu	ules

MARIJUANA POLICY PROJECT

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
-	If "Yes," complete Schedule A	1	v	x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		
5	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Form 990 (2	2019)	MARIJUANA	POLICY	PROJEC
Part IV	Checklis	t of Required Schedu	lles (continue	ed)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 .1 0		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			_
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		2
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, key employee, creator or founder, or substantial contributor? If	28a		X
h	"Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
• •	contributions? If "Yes," complete Schedule M	30		XX
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
)E a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	N
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15	-		
	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	4	x	
	(gambling) winnings to prize winners?			
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Statements I	Regarding Other	IRS Filing	s and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
	to file Form 8282?	7c		<u>л</u>
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		x
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization file of one of a strength of the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	_	X
	If "Yes," complete Form 4720, Schedule O.			

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Form 990 (2019)

Part V

Form	990	(2019)
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 Part VI
 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sec	tion A. Governing Body and Management					Τ.
		Ι.	1	9	Yes	1
та	Enter the number of voting members of the governing body at the end of the tax year	1 a	· · · ·	2		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
	Enter the number of voting members included on line 1a, above, who are independent	1 b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	n any other			
	officer, director, trustee, or key employee?			2		+
3	Did the organization delegate control over management duties customarily performed by or under t		•			
	of officers, directors, trustees, or key employees to a management company or other person?			3		∔
4	Did the organization make any significant changes to its governing documents since the prior Form			4		+
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		4
6	Did the organization have members or stockholders?			6	X	4
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoin	t one or			
	more members of the governing body?			7a	X	1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockł	nolders, or			
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by t	he following:			
	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	ĺ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			Ι
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	ie Code.)			
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such o					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	I
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bef	ore filing the form?	11a		T
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-	-			T
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	I
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					t
	in Schedule O how this was done			12c		I
13	Did the organization have a written whistleblower policy?			13	Х	t
14	Did the organization have a written document retention and destruction policy?			14	Х	t
15	Did the process for determining compensation of the following persons include a review and approv					t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	,				
а	The organization's CEO, Executive Director, or top management official			15a		I
	Other officers or key employees of the organization			15b		╋
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			105		t
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a			I
lou				16a		ľ
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu-			IUa		$^{+}$
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evalu					
				16b		ł
	exempt status with respect to such arrangements?					1
	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, I		T. GA HT T		кv	7
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a					
10	for public inspection. Indicate how you made these available. Check all that apply.	anu əs		3)5 Ulliy) avai	110
			abadula ()			
0			,	nd f:		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	OUTIO	or interest policy, a	nu tinai	icial	
~	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's b NATASHA OLINGER $-202-462-5747$	ooks a	nd records 🕨			
	2370 CHAMPLAIN STREET NW, NO. 12, WASHINGTON, DC	200	009			
32006	S 01-20-20 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	9 90) (
	6					
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Part VII	Compensation of Officers,	Directors, T	Frustees, Ke	ey Employees,	Highest (Compensated
	Employees, and Independe	ent Contract	tors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		er an		recio	n/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trustee		yee	mpen		(112/1000 11100)		and related
	below	Individual trustee or director	Institutional t	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Form			
(1) TROY DAYTON	1.00									
CHAIR	1.00	Х		X				0.	0.	0.
(2) JEFFREY ZUCKER	1.00									
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(3) SHERI ORLOWITZ	1.00									
TREASURER	1.00	Х		Х				0.	0.	0.
(4) JOHN GILMORE	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(5) MARK DESOUZA	1.00									
BOARD MEMBER AS OF 9.27.2019	1.00	Х						0.	0.	0.
(6) JOSEPH PRITZKER	1.00									
BOARD MEMBER UNTIL DECEMBER	1.00	Х						0.	0.	0.
(7) JEFF MOE	1.00									
BOARD MEMBER UNTIL 9.2.2019	1.00	Х						0.	0.	0.
(8) SAL PACE	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) JEFF BROWN	1.00									
BOARD MEMBER AS OF 9.27.2019	1.00	Х						0.	0.	0.
(10) LES SZABO	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) A. C. BUSHNELL	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) STEVEN W. HAWKINS	20.00									
EXECUTIVE DIRECTOR	20.00			х				207,138.	0.	10,997.
(13) NATASHA OLINGER	20.00									
CHIEF OF STAFF	20.00			Х				123,096.	0.	6,396.
(14) MATTHEW H. SCHWEICH	20.00									
DEPUTY DIRECTOR	20.00					Х		128,676.	0.	4,604.
(15) DONALD E. MURPHY	20.00									
DIRECTOR OF FEDERAL POLICI	20.00					Х		107,740.	0.	8,539.
(16) KAREN O'KEEFE	20.00								_	
DIRECTOR OF STATE POLICIES	20.00					Х		107,286.	0.	6,218.
										- 000 (22.2.2)

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Form 990 (2019) MARIJUANA POLICY PROJECT 52-19								911	644	Р	age 8			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											(5)			
	(A) Name and title	(B) Average hours per week	box offic	not cl , unle:	ss per	tion more rson i	than o s both r/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related		an	(F) timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizati	e tion ted
1b	Subtotal							•	673,936.		0.	3	6,7	54.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 673,936.		0.	3	6,7	0. 54.
2	Total number of individuals (including but no compensation from the organization							io re	eceived more than \$100	,000 of reportabl	е			5
3	Did the organization list any former officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su								her compensation from			3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	plete Schedule	e J f	or sı	ıch j	bers	on .		- 			5		X
1	Complete this table for your five highest con the organization. Report compensation for t										pens	ation f	rom	
(A) (B) Name and business address NONE Description of services							С	(C compe		'n				
								+						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	-	ot lii	nite	d to	thos C		ted	above) who received m	nore than			000	2019)

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			2019) MARIJUANA P	OLICY PROJ	JECT		52-1911	644 Page 9
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a respor	nse or note to any li	ne in this Part VIII			
					(A) Total revenue	Related or exempt		(D) Revenue excluded from tax under sections 512 - 514
e Contributions, Gifts, Grants and Other Similar Amounts		b c d f f h	Noncash contributions included in lines 1a-1f	Business Code	-			
Program Service Revenue	2	a b c d e						
Ч		f	All other program service revenue					
		g	Total. Add lines 2a-2f	►				
	3 4 5		Investment income (including dividends, in other similar amounts) Income from investment of tax-exempt bor	nd proceeds	196.			196.
		a b c	Royalties (i) Real Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal	-			
evenue	7	a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b					
eve			Gain or (loss)					
Other Re	8		Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
			Part IV, line 18	ъа ou	-			
			Less: direct expenses					
	9	а	Net income or (loss) from fundraising even Gross income from gaming activities. See Part IV, line 19	9a				
				9b				
	10		Net income or (loss) from gaming activities Gross sales of inventory, less returns					
		h	and allowances	10a 10b				
			J					
		C	Net income or (loss) from sales of inventor	Business Code				
sno	44	~						
neo	11				+			
Miscellaneous Revenue		b						
Be		C d	All other revenue					
Σ			All other revenue					
	40		Total. Add lines 11a-11d		1,872,495.	0.	0.	196.
93200	12		Total revenue. See instructions	₽	<u> -,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 0•		Form 990 (2019

MARIJUANA POLICY PROJECT

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	990 (2019) MARIJUANA PC t IX Statement of Functional Expense		<u>r</u>	52-19	11644 Page
	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	mplete column (A).	
	Check if Schedule O contains a response	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	0 050	0 050		
	individuals. See Part IV, line 22	2,258.	2,258.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	118,966.	51,158.	41,398.	26,41
~	trustees, and key employees	110,900.	51,150.	41,390.	20,41
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		630,983.	271,337.	219,569.	140,07
7 8	Other salaries and wages Pension plan accruals and contributions (include	0.50,505.	271,557.	215,505.	140,07
0	section 401(k) and 403(b) employer contributions)	4 472	1,923.	1,556.	99
9	Other employee benefits	4,472. 31,385.	13,497.	10,921.	99 6,96
9 0	Payroll taxes	61,217.	26,325.	21,302.	13,59
1	Fees for services (nonemployees):		20,0201		
	Management				
	Legal	8,088.	4,577.	2,651.	86
	Accounting	10,156.		10,156.	
	Lobbying	218,590.	218,590.		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	156,445.	95,986.	35,250.	25,20
2	Advertising and promotion	23,975.	23,708.	267.	
3	Office expenses	37,179.	4,639.	24,321.	8,21
4	Information technology	80,308.	13,050.	61,822.	5,43
5	Royalties				
6	Occupancy	25,966.	11,166.	9,035.	5,76
7	Travel	50,638.	17,090.	7,548.	26,00
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			F (222	4 10 14
9	Conferences, conventions, and meetings	29,936.	7,079.	5,438.	17,41
0	Interest	2,654.	1,520.	1,134.	
1	Payments to affiliates	7 01 C	2 2 2 1	2 7 2 0	1 77
2	Depreciation, depletion, and amortization	7,816. 23,911.	3,361.	2,720. 6,957.	1,73
3		23,91I.	11,182.	0,95/.	5,77
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND FEES	22,018.	9,577.	8,902.	3,53
	REPAIRS AND MAINTENANCE	3,334.	1,434.	1,160.	74

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25 26

Form **990** (2019)

288,731.

16491020 793927 17692

All other expenses

Total functional expenses. Add lines 1 through 24e

 $\ensuremath{\textit{Joint costs}}$. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

_____ if following SOP 98-2 (ASC 958-720)

2019.04030 MARIJUANA POLICY PROJECT

10

789,457.

472,107.

1,550,295.

17692__1

16491020 793927 17692

Form 990 (2019)

MARIJUANA POLICY PROJECT Sheet

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 144,724. 189,139. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 31,366. 25,000. Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 38,322. basis. Complete Part VI of Schedule D _____ 10a 29,797. 21,559. 8,525. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 44,948. 0. Other assets. See Part IV, line 11 15 15 197,649. 267,612. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 111,106. 26,103. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 161,715. 0 25 of Schedule D 272,821. 26,103. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 53,880. -75,172. Net assets without donor restrictions 27 27 187,629. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 -75,172. 241,509. Total net assets or fund balances 32 32 197,649. 267,612. 33 33 Total liabilities and net assets/fund balances

Form 990 (2019)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 1, 872, 495. 2 1, 550, 295. 3 3222, 2000. 4 -75, 172. 5 6 6 -7 7 1 8 -5, 519. 9 0 9 0.0 9 0.1 9 0.1 9 0.1 9 0.1 9 0.1 9 0.1 9 0.1 9 0.1 9 0.1 9 0.1 9 0.1 10 241, 509. 10 241, 509. 11 Accounting method used to prepare the Form 990. Cash 11 Accounting method used to prepare the Form 990. Cash X Accrual 11 Accounting method used to prepare the Form 990. Cash X Accrual		990 (2019) MARIJUANA POLICY PROJECT	52-19	11644	Pa	ge 12		
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Form **990** (2019)

932012 01-20-20

Schedule B

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

Name of the organization

Organization type (check one)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

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MARIJUANA	POLICI	PROJECT	

Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

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

General Rule

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

Special Rules

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

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

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

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

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

16491020 793927 17692

Employer identification number

52-1911644

MARIJUANA POLICY PROJECT

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-06		\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019
J2J4J2 11-00	1.	4	330, 330-EZ, 01 330-PF) (2019

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Employer identification number

52-1911644

MARIJUANA POLICY PROJECT

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$29,601.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$56,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06	6-19 1 F	Schedule B (Form	990, 990-EZ, or 990-PF) (2019)

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MARIJUANA POLICY PROJECT

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u>9,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ <u>100,000.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 16</u>		\$ <u>30,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> 923452 11-06		\$ <u>55,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Employer identification number

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MARIJUANA POLICY PROJECT

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$28,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$29,970.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	, , , , , , , , , , , , , , , , ,	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>24</u> 923452 11-00		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
JEUHUE 11-00	15	Schedule & (Form	990, 990-EZ, or 990-PF) (2019)

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Employer identification number

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MARIJUANA POLICY PROJECT

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$49,782.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Employer identification number

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MARIJUANA POLICY PROJECT

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	MICROSOFT STOCK		
		\$29,601.	06/12/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
21	VANGUARD MID-CAP STOCK DONATION		
		\$24,970.	09/06/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
26	UNITEDHEALTH GROUP INC STOCK DONATION		
		\$49,782.	01/07/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(0)		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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2019.04030 MARIJUANA POLICY PROJECT

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ame of or	ganization			Employer identification number
ARIJU	JANA POLICY PROJECT			52-1911644
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona) through (e) and the following line charitable, etc., contributions of \$1,000	entry For organizations	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
-		(e) Transfer of	 gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
-		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
-		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
) No. rom		[
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
— [
	Transferee's name, address, a	(e) Transfer of g		ansferor to transferee
F	,,, _,, _		-	
154 11-06	-19		Schedul	e B (Form 990, 990-EZ, or 990-PF) (2

2019.04030 MARIJUANA POLICY PROJECT

SCHEDULE C	Po	olitical Campaign a	and Lobbyin	g Activities	OMB No. 1545-0047				
(Form 990 or 990-EZ)	Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527								
	-	if the organization is described			2019				
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for i			- Open to Public Inspection				
-		n Form 990, Part IV, line 3, or Fo		ne 46 (Political Campaign)	Activities), then				
	•	nplete Parts I-A and B. Do not con	•						
.,	 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 organization		,			N 44				
-	-	Form 990, Part IV, line 4, or For							
	-	have filed Form 5768 (election un		-	-				
	•	have NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy)	,		•				
Tax) (see separate inst		1 Form 330, Fait IV, line 3 (Floxy	Tax) (see separate i		LZ, Fait V, inte SSC (FLOXY				
		tions: Complete Part III.							
Name of organization	,, (.)			Emplo	over identification number				
	MARIJUA	NA POLICY PROJECT	1		52-1911644				
Part I-A Comple	ete if the org	panization is exempt unde	er section 501(c)	or is a section 527 or	rganization.				
		ation's direct and indirect politica							
		ures							
3 Volunteer hours for	political campai	gn activities							
Part I-B Comple	ete if the ord	anization is exempt unde	er section 501(c)	(3).					
		incurred by the organization unde	. ,						
		incurred by organization manager							
		n 4955 tax, did it file Form 4720 f							
b If "Yes," describe ir	n Part IV.								
Part I-C Comple	ete if the org	panization is exempt unde	er section 501(c),	, except section 501(c)(3).				
		d by the filing organization for sec							
2 Enter the amount o	f the filing organ	ization's funds contributed to oth	er organizations for se						
exempt function ac									
-	-	s. Add lines 1 and 2. Enter here an							
		nployer identification number (EIN tion listed, enter the amount paid							
		omptly and directly delivered to a							
	•	additional space is needed, provid							
(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political				
				filing organization's	contributions received and				
				funds. If none, enter -0	promptly and directly				
					delivered to a separate political organization.				
					If none, enter -0				
				1					

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

Schedule C (Form 990 or 990-EZ) 2019

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Schedule C (Form 990 or 990-EZ) 2019 M						1911644 Page 2
Part II-A Complete if the orga section 501(h)).	inization	ı is exer	npt under sectio	on 501(c)(3) and fil	ed Form 5768 (e	election under
			lists at success (see at list i	- David IV (a sala soffilia ta sh		
				n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share			• •	ovisione enaby		
B Check ▶ if the filing organization	on checke	d box A ar	nd "limited control" pro	ovisions apply.	(a) Filip a	(h) Affiliated success
Limits (The term "expendit	(a) Filing organization's totals	(b) Affiliated group totals				
1a Total lobbying expenditures to influe	ence public	c opinion (grassroots lobbying)			
b Total lobbying expenditures to influe	ence a legi	slative boo	dy (direct lobbying)			
c Total lobbying expenditures (add line						
d Other exempt purpose expenditures						
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) or			bying nontaxable am			
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,0	000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500		. ,	0 plus 10% of the exc	. ,		
Over \$1,500,000 but not over \$17,00	<i>,</i>		0 plus 5% of the exce			
Over \$17,000,000	,	\$1,000,0	•	. , ,		
		+ · ; = = = ; ·				
g Grassroots nontaxable amount (ente	er 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero		,				
i Subtract line 1f from line 1c. If zero c						
j If there is an amount other than zero						
reporting section 4911 tax for this ye	•					Yes No
<u> </u>			eraging Period Under			
(Some organizations that	at made a	section 5	01(h) election do not	have to complete all	of the five columns	below.
	See	the separa	ate instructions for li	nes 2a through 2f.)		
	Lobby	ing Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

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Schedule C (Form 990 or 990-EZ) 2019 MARIJUANA POLICY PROJECT

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	obbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				X
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	• •			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part	III-A, lin	e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1	546	5,940.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		<u>3,590.</u>
b	Carryover from last year		2 b		2,023.
с	Total		2c),613.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	546	5,940.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)			-216	5,327.
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	A, lines 1 a	and 2 (see	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				

Schedule C (Form 990 or 990-EZ) 2019

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SCHEDULE D

Department of the Treasury

Internal Revenue Service

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

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



Name of the organizatio	
Name of the organizatio	n

MARIJUANA POLICY PROJECT

Employer identification number 52-1911644

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Acc	counts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) I	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	/
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring	g
	impermissible private benefit?			Yes No
Par			Part IV, lin	e 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	a historic	ally important land area
	Protection of natural habitat	Preservation of	a certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation contribution in the form	of a cons	ervation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2	a
b			-	b
с	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			d
3	Number of conservation easements modified, transferred, re		e organiza	tion during the tax
	year ►	, , , ,	5	5
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			easements during the year
-	•			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion ease	ments during the year
	► \$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)	
-	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
-	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Sir	nilar Assets.
	Complete if the organization answered "Yes" on Form			
	If the organization elected, as permitted under FASB ASC 95		and balan	ce sheet works
14	of art, historical treasures, or other similar assets held for put	· ·		
	service, provide in Part XIII the text of the footnote to its final			
h	If the organization elected, as permitted under FASB ASC 95			heet works of
, D	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
				► \$ ► \$
0		agurag, ar othar similar agosta far financia		·
2	If the organization received or held works of art, historical tre		ii yaiii, pro	NUCE
-	the following amounts required to be reported under FASB A	-	•	¢
a b	Revenue included on Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			\$ Sebedule D (Form 900) 2019
	For Paperwork Reduction Act Notice, see the Instruction	5 101 FUTTI 390.		Schedule D (Form 990) 2019
932051	10-02-19	24		

16491020 793927 17692

2019.04030 MARIJUANA POLICY PROJECT

Sche		NA POLICY					52-19			age 2
Par	rt III Organizations Maintaining C	ollections of A	rt, Histori	cal Treasures,	or Oth	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any	of the following the	at make	significant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d		or exchange progr	am					
b	Scholarly research	e	e 🛄 Othe	r						
с	Preservation for future generations									
4	Provide a description of the organization's co	-	-	-			se in Par	t XIII.		
5	During the year, did the organization solicit o		-					٦		٦
De	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par			ete if the orga	inization answered	"Yes" or	n Form 990	, Part IV,	line 9, oi	r	
4-	reported an amount on Form 990, Pa					t in a local a al				
та	Is the organization an agent, trustee, custod						—			1
	on Form 990, Part X?						L	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	nowing table					A		
•	Paginning balance					1c		Amoun	L	
	Beginning balance Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par	rt V Endowment Funds. Complete i	f the organization an	swered "Yes	on Form 990, Par	t IV, line	10.				
		(a) Current year	(b) Prior			(d) Three ye	ears back	(e) Four	r years	back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, co	lumn (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	-	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organization	ation that are	held and administe	ered for t	the organiz	ation	1		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
b	(ii) Related organizations							3a(ii)		
U A	Describe in Part XIII the intended uses of the							3b		
Par	t VI Land, Buildings, and Equipm		owment iuna	5.						
. a	Complete if the organization answere) Part IV line	11a See Form 99	0 Part X	line 10				
	Description of property	(a) Cost or o) Cost or other		ccumulate	<u>н Г</u>	(d) Boo	k valu	
	Description of property	basis (investr		basis (other)		preciation	~	(u) D00	is value	-
1a	Land		,							
	Buildings									
	Leasehold improvements									
	Equipment			38,322.		29,79	97.		8,5	25.
	Other								-	
	. Add lines 1a through 1e. (Column (d) must e		X, column (E), line 10c.)					8,5	25.
		,	, ,	,, · · /		<u></u>	<u> </u>			0040

Schedule D (Form 990) 2019

932052 10-02-19

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		

(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM MPPF, A RELATED ORGANIZATION	44,948.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	44,948.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2019

932053 10-02-19

	edule D (Form 990) 2019 MARIJUANA POLICY PROJECT		52-191164	• 4 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem		nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	. 2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater	nents With Expe		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nents With Expe		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater	nents With Expe ^{a.}	enses per Return.	
Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	nents With Expe ^{a.}	enses per Return.	
Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements	nents With Expe	enses per Return.	
Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With Expe	enses per Return.	
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements	nents With Expe a. 2a 2b	enses per Return.	
Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	enses per Return.	
Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts 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 losses Other In Part XIII.)	2a 2b 2c 2d	enses per Return.	
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts 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 XIII.) Add lines 2a through 2d	2a 2b 2c 2d	enses per Return.	
Pa 1 2 b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts 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 losses Other In Part XIII.)	2a 2b 2c 2d	enses per Return.	
Pa 1 2 a b c d 3	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts 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 XIII.) Add lines 2a through 2d Subtract line 2e from line 1	nents With Expe a. 2a 2b 2c 2d	enses per Return.	
Pa 1 2 a b c d 3 4	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts 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 XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	enses per Return.	
Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts 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 XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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	2a 2a 2b 2c 2d	2e 3	
Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts 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 XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	2e 3 4c 4c	

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

PART X, LINE 2:

THE	ORGANIZATION	BELIEVES	$\mathbf{T}\mathbf{H}\mathbf{A}\mathbf{T}$	IΤ	HAS	APPROPRIATE	SUPPORT	FOR	ANY	TAX	
-----	--------------	----------	--	----	-----	-------------	---------	-----	-----	-----	--

POSITIONS TAKEN, AND AS SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT

ARE MATERIAL TO THE FINANCIAL STATEMENTS OR THAT WOULD HAVE AN EFFECT ON

ITS TAX-EXEMPT STATUS. THERE ARE NO UNRECOGNIZED TAX BENEFITS OR

LIABILITIES THAT NEED TO BE RECORDED.

932054 10-02-19

FO 1011CAA

SC	HEDULE J	Compensation Information		OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2019		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ	,
Dena	tment of the Treasury	Attach to Form 990.		Open to		
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organizatio		Employer i			mber
		MARIJUANA POLICY PROJECT	52-1	L91164	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
		n a contra contra su su su su su				
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41.		
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?				
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization?	c			
Ũ		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant				
	·	ther organizations I I I I I I I I I I I I I I I I I I I	committee			
		;				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?				Х
с		ceive payment from, an equity-based compensation arrangement?				X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r	5				37
а	The organization?			6a		X
b		ation?		6b	_	X
-		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		_		v
~		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				x
~		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?			- 000	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forr	n 990)) 2019

932111 10-21-19

52-1911644

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) STEVEN W. HAWKINS	(i)	192,138.	15,000.	0.	6,133.	4,864.	218,135.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

. Inspection

20

|9

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Attach to Form 990.

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

Name of the organization

Employer identification number 52-1911644

MARIJUANA	POLICY	PROJECT	

Par	t I Types of Property						
	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deter noncash contributio	•	ts
1	Art - Works of art			· ····································			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	4	105,361.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organi						
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29			
00-				and a line David I. Barra of Alarma		Yes	No
30a	During the year, did the organization receive b						
	must hold for at least three years from the dat			•		0	x
h	exempt purposes for the entire holding period	<i>(</i>				0a	
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance	policy that r	oquiros the review	of any ponstandard contribution	utions?	31	x
31	Does the organization have a gift acceptance Does the organization hire or use third parties					51	- 23
	contributions?		•			2a	x
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,		
	describe in Part II.						

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

Schedule M (Form 990) 2019

932141 09-27-19

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

Part II

THE ORGANIZATION IS REPORTING BASED ON THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



52-1911644

MARIJUANA POLICY PROJECT

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

THE MPP VISION STATEMENT INCLUDES FOUR STRATEGIES USED TO PURSUE THE

ORGANIZATIONS MISSION: (1) INCREASE PUBLIC SUPPORT FOR NON-PUNITIVE,

NON-COERCIVE MARIJUANA POLICIES; (2) IDENTIFY AND ACTIVATE SUPPORTERS

OF NON-PUNITIVE, NON-COERCIVE MARIJUANA POLICIES; (3) CHANGE STATE LAWS

TO REDUCE OR ELIMINATE PENALTIES FOR THE MEDICAL AND NON-MEDICAL USES

OF MARIJUANA; AND (4) GAIN INFLUENCE IN CONGRESS.

FORM 990, PART VI, SECTION A, LINE 6:

ANYONE WHO DONATES \$5 OR MORE TO MPP IS CONSIDERED TO BE A "MEMBER" OF MPP FOR 365 DAYS AFTER THE DATE OF THE DONATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF MPP ARE ELIGIBLE TO VOTE IN THE ELECTION, HELD ONCE EVERY

THREE YEARS, FOR THE SOLE MEMBER-ELECTED DIRECTOR OF THE BOARD. THE

REMAINDER OF THE BOARD MEMBERS ARE ELECTED BY THE BOARD.

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

THE IRS FORM 990 WAS PROVIDED TO THE CHIEF OF STAFF AND EXECUTIVE DIRECTOR

FOR REVIEW PRIOR TO FILING. ALL OTHERS CAN HAVE A COPY UPON REQUEST.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, MD, MN, MS, NC, NJ, NY, OR, PA, RI, SC, TN, UT, VA, WI

WV

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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

MARIJUANA POLICY PROJECT MPP'S DOCUMENTS ARE MAINTAINED IN THE ORGANIZATION'S HEAD DISTRICT OF COLUMBIA, AND THE MPP STAFF MAILS THE DOCUMEN PERSONS VIA THE U.S. POSTAL SERVICE. IN ADDITION, MPP POS	TS TO INTERESTED
DISTRICT OF COLUMBIA, AND THE MPP STAFF MAILS THE DOCUMEN PERSONS VIA THE U.S. POSTAL SERVICE. IN ADDITION, MPP POS	TS TO INTERESTED
PERSONS VIA THE U.S. POSTAL SERVICE. IN ADDITION, MPP POS	
	STS ITS FORM 990 O
THE ORGANIZATION'S WEBSITE, AS WELL AS THIRD-PARTY WEB SI	TES. FINALLY, MPP
ALSO POSTS ITS ANNUAL REPORT ON ITS WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER CONSULTING:	
PROGRAM SERVICE EXPENSES	95,986
MANAGEMENT AND GENERAL EXPENSES	35,250
FUNDRAISING EXPENSES	25,209
TOTAL EXPENSES	156,445
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	156,445
	dulo 0 (Eerm 000 er 000 EZ) (001
Sche 34 191020 793927 17692 2019.04030 MARIJUANA POLICY P	dule O (Form 990 or 990-EZ) (201

SCH	EDULE	R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2019 Open to Public Inspection

OMB No. 1545-0047

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

Employer identification number 52-1911644

Name of the organization

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
MARIJUANA POLICY PROJECT FOUNDATION -							
52-1975211, 2370 CHAMPLAIN STREET NW, #12,							
WASHINGTON, DC 20009	PUBLIC EDUCATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 1	N/A		X
	-						

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

Schedule R (Form 990) 2019

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 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) Primary activity	(C) Legal domicile (state or foreign		Predomi	(e) nant income , unrelated, rom tax under s 512-514)	(f) Share of total income		Sha end-	(g) are of of-year sets	Disprop	h) ortionate ttions?	(i) Code V-UI amount in b 20 of Scheo	box ^m	anaging artner?	Percei owne	(k) rcentag vnership
	_	country)		sections	s 512-514)					Yes	No	K-1 (Form 10	065) Y	es No		
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	-															
	-															
	_															
t IV Identification of Related C organizations treated as a c	organizations Taxable a corporation or trust durin	as a Corpo	year.	-	-						line 34					
(a) Name, address, and EIN of related organization		(b) Primary activity		Legal domicile Direct con		(d) (e ct controlling entity (C corp, or tr		entity S corp,	corp, income			(g) Share of end-of-year assets		(h) Percentage ownership) tion b)(13 ollec ity?
				country)											Yes	N

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions		-				X		
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b	b Gift, grant, or capital contribution to related organization(s)								
с	c Gift, grant, or capital contribution from related organization(s)								
	d Loans or loan guarantees to or for related organization(s)								
	Loans or loan guarantees by related organization(s)				1e	Х			
f	Dividends from related organization(s)				1f		X		
g					1g		X X		
h	h Purchase of assets from related organization(s)								
i	i Exchange of assets with related organization(s)								
j	j Lease of facilities, equipment, or other assets to related organization(s)								
k	k Lease of facilities, equipment, or other assets from related organization(s)								
I Performance of services or membership or fundraising solicitations for related organization(s)							X X		
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	o Sharing of paid employees with related organization(s)								
р	p Reimbursement paid to related organization(s) for expenses								
	q Reimbursement paid by related organization(s) for expenses						X		
r	r Other transfer of cash or property to related organization(s)								
s	s Other transfer of cash or property from related organization(s)								
2	If the answer to any of the above is "Yes," see the instructions for information on who	o must complete th	nis line, including covered r	elationships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved				

Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
<u>(5)</u>			
_(6)			

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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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes) ill (3) ? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- iate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes) ral or F ging ner? NO	(k) Percentage ownership

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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