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Form	J	J	U

## EXTENDED TO NOVEMBER 15, 2022

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.



Department of the Treasury Internal Revenue Service

Τ.

AF	or th	e 2021 calendar year, or tax year beginning and	lending	_	
B c	Check if pplicab	le: C Name of organization		D Employer identified	cation number
	Addre Chang			50 10116	
	Name Chang	Doing business as		52-19116	44
	Initial returr Final returr		Room/suite 12	E Telephone number 202-462-	
	termi	City or town, state or province, country, and ZIP or foreign postal code	1	<b>G</b> Gross receipts \$	2,867,339.
	Amer			H(a) Is this a group re	
	_lreturr ]Appli			for subordinates	
	⊥tiòn pend	SAME AS C ABOVE		H(b) Are all subordinates in	
			or 527	-	
		empt status:501(c)(3) ⊥X501(c)( 4 ) ◀ (insert no.) 4947(a)(1) ite: ▶ WWW • MPP • ORG	01 327		list. See instructions
				H(c) Group exemption	
			L Year		State of legal domicile: DC
Pa	art I	Summary			
9	1	Briefly describe the organization's mission or most significant activities: TO E			
Activities & Governance		LOBBYING AND DEPLOYING RESOURCES FOR FED			
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	osed of more		
No.	3				10
ۍ ه	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			29
viti	6	Total number of volunteers (estimate if necessary)		6	10
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ð	8	Contributions and grants (Part VIII, line 1h)		1,155,634.	2,175,670.
ňu	9	Program service revenue (Part VIII, line 2g)		0.	676,486.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		100.	0.
Ê	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,738.	15,183.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,169,472.	2,867,339.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		33,500.	692,557.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
6	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		676,697.	1,434,552.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	105,259.
per	h	Total fundraising expenses (Part IX, column (D), line 25)	98.		
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		503,113.	653,743.
				1,213,310.	2,886,111.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-43,838.	-18,772.
<u>_s</u>	19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances				ginning of Current Year 209,930.	End of Year 258,429.
Bala	20	Total assets (Part X, line 16)	·····		
et A Ind I	21	Total liabilities (Part X, line 26)	······	12,259.	79,529.
	22	Net assets or fund balances. Subtract line 21 from line 20		197,671.	178,900.
	art II	Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	•	alties of perjury, I declare that I have examined this return, including accompanying schedul			/ knowledge and belief, it is
true,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	/hich preparei	has any knowledge.	

Sign Here	Signature of officer         TOI HUTCHINSON, CURREN         Type or print name and title	T PRESIDENT & CEO	Date	
	Print/Type preparer's name MEENA BISHNOI	Preparer's signature M cuta Assis	10/14/2022	Check PTIN if self-employed P01480769
Preparer	Firm's name 🕞 JM&M			EIN 52-1853933
Use Only	Firm's address 10500 LITTLE PAT	UXENT PARKWAY, SUITE	770	
	COLUMBIA, MD 210	44	Phone	no.410-884-0220
May the IF	RS discuss this return with the preparer shown abc	ove? See instructions		X Yes No
132001 12-0	D9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form <b>990</b> (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) MARIJUANA POLICY PROJECT	52-1911644	Page
Par	t III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		<u>C</u>
1	Briefly describe the organization's mission:		
	TO END MARIJUANA PROHIBITION BY LOBBYING AND DEPLOYIN	G RESOURCES FC	)R
	FEDERAL AND STATE LAW CHANGES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces?Yes	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	• • •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses,	and
	revenue, if any, for each program service reported.	Revenue \$ 676,	106
4a	(Code: ) (Expenses \$ 1,774,030. including grants of \$ 692,557.) (F MPP'S VISION STATEMENT INCLUDES FOUR STRATEGIES USED	Revenue \$ 0/0,	400
			,
	ORGANIZATIONS MISSION: (1) INCREASE PUBLIC SUPPORT FO NON-COERCIVE MARIJUANA POLICIES; (2) IDENTIFY AND ACT		
	OF NON-PUNITIVE, NON-COERCIVE MARIJUANA POLICIES; (2) IDENIIFI AND ACT		
	TO REDUCE OR ELIMINATE PENALTIES FOR THE MEDICAL AND		
	OF MARIJUANA; AND (4) GAIN INFLUENCE IN CONGRESS.	NON-MEDICAL 02	020
	OF MARIOUANA, AND (4) GAIN INFOUNCE IN CONGRESS:		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Figure 1)		
ŦIJ	(code) (expenses \$) (noticition grains of \$) (noticition grains of \$)	revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (f	Revenue \$	
	( ) ( ) (		
4d	Other program services (Describe on Schedule O.)		
ти		١	
40	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ► 1,774,030.	)	
-10		Eorm (	<b>990</b> (20
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Part IV Checklist of Required Schedules

MARIJUANA POLICY PROJECT

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			x
0	If "Yes," complete Schedule A	1	Х	
2 3	Did the organization required to complete schedule b, schedule of contributors, see instructions	2	21	
3		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	5		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			<u> </u>
Ū	similar amounts as defined in Rev. Proc. 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	-		
•	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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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		Х
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		X
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104	х	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	27	x
13				X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
U	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			<u> </u>
	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		х
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. See instructions	17	Х	
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		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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	X	
132003	3 12-09-21	Form	990	(2021)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i>	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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
b	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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			77
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
~	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
d	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
•	"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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?	00		
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
37	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 on Schedule O for Part VI, lines 11b and 19?	- 57		
00	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
13200	4 12-09-21	Form	990	(2021)
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Form 990 (2021)	MARIJUANA	POLICY	PROJECT	
Part V Statements	Regarding Other	r IRS Filing	s and Tax Co	ompliance (continued)

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ſ
	filed for the calendar year ending with or within the year covered by this return 2a 29			
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		
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		
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		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
·	activities that would result in the imposition of an evolution tax under section 4051, 4052 or 40522	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			P
	If "Yes," complete Form 6069.		990	

Form 990	(2021)
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#### MARIJUANA POLICY PROJECT

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

	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management				· · · · ·	-
		1.1	1.0		Yes	┢
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	. <b>1</b> a	10	4		
	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 O.		1.0			L
	Enter the number of voting members included on line 1a, above, who are independent		10	4		L
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip with a	any other			ł
	officer, director, trustee, or key employee?			2		╀
3	Did the organization delegate control over management duties customarily performed by or under					l
	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 a			5	X	$\frac{1}{1}$
6	Did the organization have members or stockholders?			6		┦
7a	Did the organization have members, stockholders, or other persons who had the power to elect or			_	v	
	more members of the governing body?			7a	X	┦
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockho	olders, or			
_	persons other than the governing body?			7b		╁
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	-	-	8a	x	ļ
a	The governing body?					
				8b	X	┦
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
bec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	Code.)			1
					Yes X	
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such				x	
				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody befor	re filing the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				v	ł
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	XX	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri			12b	_ A	┨
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					
	on Schedule O how this was done			12c	X	┨
13	Did the organization have a written whistleblower policy?			13	X	┨
14	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and appro		dependent			I
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					ł
	The organization's CEO, Executive Director, or top management official			15a		$\frac{1}{1}$
b	Other officers or key employees of the organization			15b		╁
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		24			I
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang			10		l
	taxable entity during the year?			16a		╏
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	ganization	1′S			ł
	exempt status with respect to such arrangements?			16b		
					7232	~
	tion C. Disclosure	ויד סת		77 01		
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ AL , AR , CA , CT ,					_
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ AL , AR , CA , CT , Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,					_
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply.	and 990	-T (section 501(c)(3			_
17 18	List the states with which a copy of this Form 990 is required to be filed ►AL, AR, CA, CT, Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explanation)	and 990 and sch	I-T (section 501(c)(3	)s only	) avail	-
17 18	List the states with which a copy of this Form 990 is required to be filed ►AL, AR, CA, CT, Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other ( <i>expla</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents,	and 990 and sch	I-T (section 501(c)(3	)s only	) avail	-
17 18 19	List the states with which a copy of this Form 990 is required to be filed ►AL, AR, CA, CT, Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other ( <i>expla</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, statements available to the public during the tax year.	and 990 <i>iin on Sch</i> conflict c	-T (section 501(c)(3 <i>hedule O)</i> of interest policy, ar	)s only	) avail	_
17 18 19	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ AL , AR , CA , CT , Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website I Upon request Other <i>(expla</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's to NATASHA OLINGER - 202-462-5747	and 990 <i>iin on Sch</i> conflict c	-T (section 501(c)(3 <i>hedule O)</i> of interest policy, ar	)s only	) avail	_
17 18 19	List the states with which a copy of this Form 990 is required to be filed ►AL, AR, CA, CT, Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other ( <i>expla</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's the NATASHA OLINGER - 202-462-5747 2370 CHAMPLAIN STREET NW, 12, WASHINGTON, DC 200	and 990 <i>iin on Sch</i> conflict c pooks and <b>0 9</b>	-T (section 501(c)(3 <i>hedule O)</i> of interest policy, ar	)s only	) avail	_
17 18 19 20	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ AL , AR , CA , CT , Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website I Upon request Other (expla Describe on Schedule O whether (and if so, how) the organization made its governing documents, statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's to NATASHA OLINGER - 202-462-5747	and 990 <i>iin on Sch</i> conflict c pooks and <b>0 9</b>	-T (section 501(c)(3 <i>hedule O)</i> of interest policy, ar	i)s only	) avail	la

Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensate
	Employees, and Independe	ent Contrac	ctors				

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

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	than (	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week	<u> </u>		luau	Tecic	i/uus	lee)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	ımper		1099-NEC)	,	and related
	below	vidual	Institutional trustee	er	Key employee	est co loyee	ler			organizations
	line)	Indiv	Insti	Officer	Key (	Highest compensated employee	Former			
(1) STEVEN W. HAWKINS	20.00									
EXECUTIVE DIRECTOR	20.00			Х				250,403.	0.	21,552.
(2) CHRIS LINDSEY, DIRECTOR	20.00									
OF GOVERNMENT RELATIONS	20.00					Х		139,919.	0.	14,499.
(3) NATASHA OLINGER	20.00									
CHIEF OF STAFF	20.00			Х				142,331.	0.	11,100.
(4) MATTHEW H. SCHWEICH	20.00									
DEPUTY DIRECTOR	20.00					Х		137,560.	0.	10,534.
(5) KAREN O'KEEFE	20.00									
DIRECTOR OF STATE POLICIES	20.00					Х		115,041.	0.	10,213.
(6) DEVAUGHN WARD	20.00									
SENIOR LEGISLATIVE COUNSEL	20.00					Х		104,657.	0.	7,951.
(7) TROY DAYTON	1.00									
CHAIR	1.00	Х		Х				0.	0.	0.
(8) JEFFREY ZUCKER	1.00									
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(9) SHERI ORLOWITZ	1.00								_	
TREASURER	1.00	Х		Х				0.	0.	0.
(10) JOHN GILMORE	1.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) SAL PACE	1.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) LES SZABO	1.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(13) AC BUSHNELL	1.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) JEFF BROWN	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(15) JON BLAIR	1.00									-
BOARD MEMBER	1.00	X						0.	0.	0.
(16) JOTAKA EADDY	1.00									-
BOARD MEMBER	1.00	X						0.	0.	0.
										<b>– – – – – – – – – –</b>

132007 12-09-21

Form 990 (2021)

06431012 793927 17692

2021.04030 MARIJUANA POLICY PROJECT

7

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	990 (2021) MARIJUANA	A POLICY	Z I	PRO	JJE	EC	г			52-1	911	644	P	age <b>8</b>
Par			oloy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition more rson i	than o is boti pr/trus	h an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensatio from related	on	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org and	pensa om th anizat d relat anizati	e :ion :ed
1b	Subtotal			<u> </u>	<u> </u>	<u> </u>	<u> </u>		889,911.		0.	7	5,8	49.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 889,911.		0.	7	5,8	0. 49.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	),000 of reportab	le			6
3	Did the organization list any <b>former</b> officer,	,		key e	empl	loye	e, or	' hig	ghest compensated emp	oloyee on			Yes	No
4	line 1a? <i>If "Yes," complete Schedule J for</i> s For any individual listed on line 1a, is the su	im of reportabl	le co	omp	ensa	atior	n and	d ot		the organization		3	37	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr	elat	ted organization or indiv	idual for services	;	4	X	x
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Schedule	eJf	or si	licn j	pers	son .					5		Δ
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
	(A) Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	ervices	С	(C ompe		n
								_						
								_						
2	Total number of independent contractors (i	ncluding but n	ot lii	mite	d to			stec	d above) who received n	nore than				
	\$100,000 of compensation from the organized	zation 🕨				(	)					Form	<b>990</b> (	2021)

132008 12-09-21

Forn	n 990 (	2021) MARIJUANA POL	ICY PROJ	ECT		52-1911	644 Page 9
Pa	rt VII	I Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f f	Fundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and1	667,581. 508,089. ■ Business Code 541611	2,175,670. 676,486.	676,486.		
Pro	f	All other program service revenue					
	g	Total. Add lines 2a-2f		676,486.			
Other Revenue	7 a b c d 8 a b c 9 a b	Rental income or (loss)       6c       7,578.         Net rental income or (loss)       (i) Securities         Gross amount from sales of assets other than inventory       7a         Less: cost or other basis and sales expenses       7b         Gain or (loss)       7c         Net gain or (loss)       7c         Rensi including \$ of contributions reported on line 1c). See       6f         Part IV, line 18       8a         Less: direct expenses       8b         Net income or (loss) from fundraising events       6f         Part IV, line 19       9a         Less: direct expenses       9b	(ii) Personal (ii) Other (ii) Other	7,578.			7,578.
	10 a b	Net income or (loss) from gaming activities         Gross sales of inventory, less returns         and allowances         Less: cost of goods sold         Net income or (loss) from sales of inventory					
<i>/</i> 0	Ť		Business Code				
Miscellaneous Revenue		All other revenue	900099	7,605.			7,605.
		Total. Add lines 11a-11d	1	7,605. 2,867,339.	676,486.	0.	15,183.
	12	Total revenue. See instructions	🕨 🛉	-,001,007.	070,400.		Form <b>990</b> (2021)
13200	9 12-09	9-21		0			Form <b>990</b> (2021)

MARIJUANA POLICY PROJECT

## 06431012 793927 17692 2021.04030 MARIJUANA POLICY PROJECT 17692\_1

9

MARIJUANA POLICY PROJECT

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

Do	Check if Schedule O contains a responsion to the contains a responsion of the contains of the contains of the contains of the contains and the contains of the contains and the contains and the contains a responsion of t	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	692,557.	692,557.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		150 260	124 410	11 000
	trustees, and key employees	297,868.	152,360.	134,416.	11,092
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
7	persons described in section 4958(c)(3)(B)	979,780.	502,102.	439,804.	37,874
7 8	Other salaries and wages Pension plan accruals and contributions (include	• • • • • • •	502,102.		57,074
0	section 401(k) and 403(b) employer contributions)	23,561.	12,024.	10,590.	947
9	Other employee benefits	34,676.	17,053.	17,482.	141
10	Payroll taxes	98,667.	53,544.	40,378.	4,745
11	Fees for services (nonemployees):				
а	Management				
b	Legal	33,330.	26,887.	6,443.	
с	Accounting	18,247.		18,247.	
d	Lobbying	206,752.	206,752.		
е	Professional fundraising services. See Part IV, line 17	105,259.			105,259
f	Investment management fees				
g		100 000	40.005		
	column (A), amount, list line 11g expenses on Sch 0.)	128,962.	42,985.	85,977. 750.	
12	Advertising and promotion	9,595. 38,558.	8,845. 5,128.	23,141.	10 200
13	Office expenses	113,280.	3,099.	90,071.	10,289 20,110
14	Information technology	113,200.	5,099.	90,071.	20,110
15 16	Royalties	17,540.	11,226.	3,683.	2,631
16 17		13,772.	8,305.	5,467.	2,031
17 18	Travel Payments of travel or entertainment expenses	13,112.	0,000.	5,107.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,255.	426.	1,829.	
20	Interest	15,153.		15,153.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,908.	2,501.	821.	586
23	Insurance	31,528.	20,178.	6,621.	4,729
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES, SUBSCRIPTIONS AND	19,230.	8,058.	11,172.	
b	PROFESSIONAL DEVELOPMEN	1,633.		38.	1,595
с					
d					
е	All other expenses			010 000	
25	Total functional expenses. Add lines 1 through 24e	2,886,111.	1,774,030.	912,083.	199,998
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (202

132010 12-09-21

06431012 793927 17692

2021.04030 MARIJUANA POLICY PROJECT

10

Form **990** (2021)

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

Secured mortgages and notes payable to unrelated third parties

of Schedule D

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Unsecured notes and loans payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here 🕨 🛛

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Net assets without donor restrictions

Total liabilities and net assets/fund balances

MARIJUANA POLICY PROJECT

				(A) Beginning of year		( <b>b)</b> End of year
1	Cash - non-interest-bearing			22,672.	1	138,4
2	Savings and temporary cash investments			11.	2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	118,0
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst	tantial o	contributor, or 35%			
	controlled entity or family member of any of thes	se pers	ons		5	
6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
	under section 4958(f)(1)), and persons described	d in sea	ction 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	39,449.			
b	Less: accumulated depreciation	10b	37,527.	4,703.	10c	1,9
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1	11			12	
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			182,544.		
16	Total assets. Add lines 1 through 15 (must equa	al line 3	33)	209,930.	16	258,4
17	Accounts payable and accrued expenses			12,259.	17	47,5
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
22	Loans and other payables to any current or form	ner offic	cer, director,			
	trustee, key employee, creator or founder, subst	tantial o	contributor, or 35%			
	controlled entity or family member of any of thes	se pers	ons		22	

(B)

138,482.

118,025.

1,922.

258,429 47,503

32,026.

79,529.

98,639.

80,261.

178,900.

258,429.

Form 990 (2021)

23

24

25

26

27

28

29

30

31

32

33

0.

12,259.

46,539.

151,132.

197,671.

209,930.

0

Assets

Liabilities

Net Assets or Fund Balances

23

24

25

26

27

28

29

30 31

32

33

Part X Balance Sheet

06431012 793927 17692

Form	1990 (2021) MARIJUANA POLICY PROJECT	52-	-1911644	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,86	7,3	39.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,88	6,1	11.
3	Revenue less expenses. Subtract line 2 from line 1	3			72.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19	7,6	71.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	17	8,8	99.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired au	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

132012 12-09-21

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

52-1911	644
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MARIJUANA	POLTCY	PROJECT	
MAKIOOANA	FOUTCI	FRODECI	

Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 4) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

06431012 793927 17692

Name of organization

Part I

Employer identification number

#### MARIJUANA POLICY PROJECT

52-1911644 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>10,000.</u>	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>40,000.</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
3		\$30,000.	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		\$ <u>10,000.</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
5		\$ <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
6		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)
	14		

17692\_\_1

2021.04030 MARIJUANA POLICY PROJECT

Page 2 Employer identification number

52-1911644

#### MARIJUANA POLICY PROJECT

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		- \$ <u>177,500.</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
8		\$9,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$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
10		\$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
11		- \$ <u>10,000.</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
12		- \$ <u>85,000.</u>	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

17692\_\_1

15

2021.04030 MARIJUANA POLICY PROJECT

06431012 793927 17692

Page 2 Employer identification number

#### MARIJUANA POLICY PROJECT

MARIJ	UANA POLICY PROJECT		52-1911644
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 contribution	(d) s Type of contribution
13		\$50,00	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
14		\$70,00	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
15		\$105,00	D0.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
16		\$75,00	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$676,48	B6.       Person       X         Payroll       Noncash       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
18		\$255,00	(Complete Part II for noncash contributions.)
123452 11-11	1-21		Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

16

06431012 793927 17692

2021.04030 MARIJUANA POLICY PROJECT

17692\_\_1

Page 2 Employer identification number

52-1911644

#### MARIJUANA POLICY PROJECT

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$105,000.	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		\$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
		\$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
22		\$5,000.	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
23		\$5,000.	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
123452 11-11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

17692\_\_1

17

2021.04030 MARIJUANA POLICY PROJECT

06431012 793927 17692

Page 3

Employer identification number

52-1911644

MARIJUANA POLICY PROJECT

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

	Noncash Froperty (see instructions). Use duplicate copies of Pa	it in additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		\$	
(a)			
No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	<b>FMV (or estimate)</b> (See instructions.)	Date received
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	<b>FMV (or estimate)</b> (See instructions.)	(d) Date received
Part I			
		\$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	

06431012 793927 17692

2021.04030 MARIJUANA POLICY PROJECT

17692\_\_1

	B (Form 990) (2021)		Page 4
Name of or	rganization		Employer identification number
MARIJU	UANA 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,	) through <b>(e) and</b> the following line ent charitable, etc., contributions of <b>\$1,000 or I</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ľ		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee

123454 11-11-21

Schedule B (Form 990) (2021)

06431012 793927 17692

19 2021.04030 MARIJUANA POLICY PROJECT

17692\_\_1

SCHEDULE C (Form 990)	Po	litical Campaign	and Lobbyin	g Activities	OMB No. 1545-0047
(10111330)	For Orga	anizations Exempt From Incom	ne Tax Under section	501(c) and section 527	
Department of the Treasury	Complete	if the organization is describe	d below. 🕨 Attach to	o Form 990 or Form 990-E	Z. Open to Public
Internal Revenue Service	• 0	io to www.irs.gov/Form990 for	instructions and the	latest information.	Inspection
If the organization answ • Section 501(c)(3) org • Section 501(c) (other • Section 527 organization If the organization answ • Section 501(c)(3) org • Section 501(c)(3) org If the organization answ Tax) (See separate inst • Section 501(c)(4), (5) Name of organization	wered "Yes," on ganizations: Com r than section 50 ations: Complete wered "Yes," on ganizations that I ganizations that I wered "Yes," on ructions), then ), or (6) organizat	Form 990, Part IV, line 3, or For pplete Parts I-A and B. Do not co 01(c)(3)) organizations: Complete	T T T T T T T T T T T T T T	ne 46 (Political Campaign . Do not complete Part I-B. ine 47 (Lobbying Activitie complete Part II-A. Do not c h)): Complete Part II-B. Do instructions) or Form 990 Emp	Activities), then s), then complete Part II-B. not complete Part II-A. D-EZ, Part V, line 35c (Proxy loyer identification number 52-1911644
1 Provide a description	on of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV.	
		ures			6
3 Volunteer hours for	political campai	gn activities			
Dout L D Compl	oto if the ore	anization is exempt und	or postion E01(a)	(2)	
		incurred by the organization und	. ,	. ,	
		incurred by organization manage			
		n 4955 tax, did it file Form 4720			
<b>b</b> If "Yes," describe in	n Part IV.				
-		anization is exempt und			
		by the filing organization for se			<u> </u>
		ization's funds contributed to ot			•
		. Add lines 1 and 2. Enter here a			▶
	•	. Add lines I and 2. Line here a		·	\$
		nployer identification number (El			
contributions receiv	ved that were pro	tion listed, enter the amount pair omptly and directly delivered to a additional space is needed, prov	a separate political org ride information in Part	anization, such as a separa	
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form S	990 or 990-EZ.	<u> </u> ;	Schedule C (Form 990) 2021
LHA					

132041 11-03-21

			OLICY PROJE			.911644 Page 2
Part II-A Complete if the org	anizatio	n is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
section 501(h)).						
A Check 🕨 🛄 if the filing organizat	tion belong	s to an affi	liated group (and list i	n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and shar	e of excess	lobbying	expenditures).			
B Check ▶ if the filing organizat	tion checke	d box A a	nd "limited control" pro	ovisions apply.		i
Limit	s on Lobb	vina Expe	nditures		(a) Filing	(b) Affiliated group
			ints paid or incurred.	)	organization's totals	totals
<b>1a</b> Total lobbying expenditures to influ	-					
<b>b</b> Total lobbying expenditures to influ	-		• • • • •			
c Total lobbying expenditures (add lin						
d Other exempt purpose expenditure						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) of	r (D) IS:		bying nontaxable am			
Not over \$500,000	000		the amount on line 1e			
Over \$500,000 but not over \$1,000		. ,	00 plus 15% of the exc	. ,		
Over \$1,000,000 but not over \$1,50			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,	000,000		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (en	tor 25% of	lino 1f)				
h Subtract line 1g from line 1a. If zero						
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zer						
reporting section 4911 tax for this			-		]	Yes No
			eraging Period Under	Section 501(h)	L	
(Some organizations th				.,	of the five columns b	elow.
			ate instructions for li			
	Lobb	ing Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2	018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount						
<b>b</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) 2021

132042 11-03-21

# 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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(b	)
of the	e lobbying 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?				
d	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?				
i	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th	ne prior yeai	? 3		Х
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part	III-A, lin	e 3, is
1	Dues, assessments and similar amounts from members		1	667	7,581.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				,
-	expenses for which the section 527(f) tax was paid).	Jul			
а	Current year		2a	206	5,752.
	Carryover from last year				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Total			206	5,752.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				7,581.
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				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions			-460	,829.
	t IV Supplemental Information		🗸		,
	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	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

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.



17692\_\_1

Employer identification number 52-1911644

Name of the organization

06431012 793927 17692

### MARIJUANA POLICY PROJECT

Par			ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6		
		(a) Donor advised funds (	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in write	-	
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor advi		•
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose confer	ľ – –
Des	impermissible private benefit?		Yes No
Par			, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation		orically important land area
	Protection of natural habitat	Preservation of a certi	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	I conservation contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
			_2b
	Number of conservation easements on a certified historic struct		2c
d	Number of conservation easements included in (c) acquired after		
	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the organ	nization during the tax
	year ►		
4	Number of states where property subject to conservation easer		
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it ho		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservati	on easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation ea	asements during the year
	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above s		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	-	
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financial statements tr	hat describes the
Dar	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	Art Historical Treasures or Other	Similar Assets
1 41	Complete if the organization answered "Yes" on Form 99	-	ommar Assets.
10			lance aboat works
Id	If the organization elected, as permitted under FASB ASC 958, of art, historical treasures, or other similar assets held for public	•	
h	service, provide in Part XIII the text of the footnote to its financia		a abaat wadka af
b	If the organization elected, as permitted under FASB ASC 958, orthological transmission and the public as		
	art, historical treasures, or other similar assets held for public ex	dibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
0		una ar athar aimilar agosta far financial agin	
2	If the organization received or held works of art, historical treasults following amounts required to be reported under EASE ASC		provide
-	the following amounts required to be reported under FASB ASC	-	¢
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 202
	-		Schedule D (FUIII 990) 202
132051	10-28-21	23	

2021.04030 MARIJUANA POLICY PROJECT

-		NA POLICY						52-19			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	or Othe	er Simila	ır Asse	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that	t make s	significant (	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	ı 🛄	Loan or exc	hange progra	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	he organizati	on's exe	mpt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	istorical trea	sures, or oth	er simila	r assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered '	'Yes" on	Form 990	, Part IV,	line 9, oi	r	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		•						-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
f	Ending balance										1
	Did the organization include an amount on F								Yes		_ No □
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it										
1 0	<b>Endowment i unds.</b> Complete i	(a) Current year	1	rior year	(c) Two year			ears back	(e) Fou	r vears	back
10	Paginning of year balance	(u) carrent you	(6)1	nor your		o buok	(u) moo je		(0) ! 04	youro	Buon
la b	Beginning of year balance										
U C	Contributions Net investment earnings, gains, and losses										
d d	Grants or scholarships										
	Other expenditures for facilities										
e											
f	and programs Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balanc	I re (line 1	a column (	I a)) held as:	I					
- a	Board designated or quasi-endowment	tent year end balanc	%	g, column (	a)) noid ao.						
b	Permanent endowment	%									
		/°									
Ū	The percentages on lines 2a, 2b, and 2c sho	<i>,</i> -									
3a	Are there endowment funds not in the posse		ation that	at are held a	and administe	red for t	he organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?	•				3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\	V, line 11a. S	See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or c basis (investr		.,	t or other (other)	. ,	ccumulated preciation	d	( <b>d)</b> Boo	k value	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			3	9,449.		37,52	27.		1,9	22.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10c.)					1,9	22.

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D	(Form 990) 2021	MARIJUANA	POLICY	PROJECT
Part VII	Investments -	Other Securities.		

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
I) Financial derivatives	. ,	.,	,
2) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (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		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
Other Assets.           Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets.           Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets.           Complete if the organization answered "Yes"           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets.           Complete if the organization answered "Yes"           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets.           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           Other Assets.	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         otal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X	Description		
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"	Description		5.
Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability	Description		
Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Datal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes	Description		5.
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2) DUE FROM MPPF, A RELATED	Description		5. <b>(b)</b> Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes	Description		5. <b>(b)</b> Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2) DUE FROM MPPF, A RELATED	Description		5. <b>(b)</b> Book value
Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2) DUE FROM MPPF, A RELATED         (3) ORGANIZATION	Description		5. <b>(b)</b> Book value
Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Datal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2) DUE FROM MPPF, A RELATED         (3) ORGANIZATION         (4)	Description		5. <b>(b)</b> Book value
Part IX       Other Assets. Complete if the organization answered "Yes"         (a)       (a)         (1)       (a)         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Other Liabilities.       (c)         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2) DUE FROM MPPF, A RELATED         (3) ORGANIZATION         (4)         (5)         (6)	Description		5. <b>(b)</b> Book value
Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2) DUE FROM MPPF, A RELATED         (3) ORGANIZATION         (4)         (5)         (6)         (7)	Description		5.
Part IX       Other Assets. Complete if the organization answered "Yes"         (a)       (a)         (1)       (a)         (2)       (a)         (3)       (a)         (4)       (b)         (5)       (c)         (6)       (c)         (7)       (c)         (8)       (c)         (9)       (c)         Other Liabilities.       (c)         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2) DUE FROM MPPF, A RELATED         (3) ORGANIZATION         (4)         (5)         (6)	Description		5. (b) Book value

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) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 MARIJUANA POLICY PROJEC	T	52-1911644 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
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		
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 <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial St	•	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d			
е	<b>o</b>		
3	Subtract line <b>2e</b> from line <b>1</b>		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)	
Pa	rt XIII Supplemental Information.		

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

#### PART X, LINE 2:

THE OF	RGANIZATION	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.

132054 10-28-21

SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)	Complete if th	e organization answered "Yes" or organization entered more than \$	n Form	990, F	Part IV, line 17, 18, o			2021
Department of the Treasury		Attach to Form 99						Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for inst	ructior	s and	the latest informat	ion.	Employer is	Inspection lentification number
Name of the organizatio		NA POLICY PROJECT					52-191	
	sing Activities	Complete if the organization answ t.	ered "א	'es" o	n Form 990, Part IV,	line 1	7. Form 990-I	EZ filers are not
<ul> <li>a Mail solicita</li> <li>b X Internet and</li> <li>c Phone solicita</li> <li>d In-person so</li> <li>2 a Did the organizati key employees lis</li> <li>b If "Yes," list the 10</li> </ul>	tions d email solicitations itations olicitations on have a written o ted in Form 990, F	f Solicita g Specia or oral agreement with any individua 'art VII) or entity in connection with viduals or entities (fundraisers) pure	ation of ation of I fundra al (inclue profess	non-g gover iising ding o ional 1	overnment grants nment grants events fficers, directors, tru undraising services?	stee:	XYe	
(i) Name and addres or entity (fun		(ii) Activity	(iii) fundi have c or cor contrib	trol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
RISING TIDE INTERA	CTIVE, LLC		Yes	No				
- 529 14TH STREET	NW,	DIGITAL FUNDRAISING		Х	0.		105,259	-105,259.
			1					
			+					
Total			<u></u>				105,259	
3 List all states in wh or licensing.	nich the organizatio	on is registered or licensed to solicit	contrik	outions	s or has been notifie	d it is	exempt from	registration
HA For Paperwork B	eduction Act Not	ice. see the Instructions for Form	990 or	990-	EZ.		Schedu	le G (Form 990) 2021

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990)

132081 10-21-21

MARIJUANA POLICY PROJECT

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
	of fundraising event contributions and gross income on Form 990.F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
anı			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
SS	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through	· / · · · · · · · · · · · · · · · · · ·			
Pa	11 Int	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a		m 990 Part IV line 19 or		
14		\$15,000 on Form 990-EZ, line 6a.	answered res on on	11330, 1 art 10, inte 13, 01	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross rovonuo				
	-	Gross revenue				
ş	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes% └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
	_					
13208	32 10	)-21-21			Sche	edule G (Form 990) 2021

Sch	edule G (Form 990) 2021	MARIJUANA	POLICY	PROJECT		52-1	911	644	Page 3
	Does the organization conduct g							Yes	No
12	Is the organization a grantor, be								
	to administer charitable gaming?							Yes	No No
	Indicate the percentage of gamin	0 ,				I	40-	I	07
	The organization's facility						13a 13b		<u>%</u>
	Enter the name and address of t						1010	1	
			Ū	0 0 .					
	Name 🕨								
	Address 🕨								
<b>1</b> 5a	Does the organization have a co	ntract with a third party	y from whom	the organization rec	eives gaming revenue?			Yes	└── No
b	If "Yes," enter the amount of gar	ning revenue received	by the organi	zation 🕨 \$	and the am	ount			
	of gaming revenue retained by the								
c	If "Yes," enter name and addres								
	Name 🕨								
	Address ►								
16	Gaming manager information:								
	Name 🕨								
	Gaming manager compensation	▶ \$							
	Description of services provided	►							
	Director/officer	Employee		ndependent contrac	ctor				
	<b>NA</b> 1.1. 11.1.1.1.1.								
	Mandatory distributions: Is the organization required under	er state law to make ch	aritable distri	outions from the ga	ming proceeds to				
	retain the state gaming license?							Yes	🗌 No
b	Enter the amount of distributions	s required under state	law to be dist	ibuted to other exe	mpt organizations or spent	in the			
	organization's own exempt activ								01 101
Pa	rt IV Supplemental Info 15b, 15c, 16, and 17b, a				line 2b, columns (iii) and (v ee instructions.	); and Par	t III, li	nes 9,	9b, 10b,
							~		
SC	HEDULE G, PART I	, LINE 28, L	IST OF	TEN HIGHE	ST PAID FUNDRA	AISER	5:		
(I	) NAME OF FUNDRAI	SER: RISING	, TTDE	NTERACTIV	E. LLC				
<u>,                                     </u>								_	
(I	) ADDRESS OF FUNI	DRAISER: 529	) 14TH S	STREET NW,	WASHINGTON, 1	DC 2	004	5	
_									
						Cohe -		Terror.	000) 0001
1320	83 10-21-21					Schedu	ie G (	rorm	990) 2021

	Schedule G (Form 990)
132084 11-18-21	30

06431012 793927 17692

17692\_\_1 2021.04030 MARIJUANA POLICY PROJECT

SCHEDULE I (Form 990)		G Go Compl	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States <sup>Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.</sup>	er Assistand d Individuals answered "Yes"	ce to Organi s in the Unit on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB NO. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	n 990. · the latest inform	ation.		Open to Public Inspection
Name of the organization	tion MARIJUANA POLICY		PROJECT					Employer identification number 52-1911644
Part I General Ir	General Information on Grants and Assistance	nd Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selec	
	criteria used to award the grants or assistance?	tance?						X Yes No
õ	Describe in Part IV the organization's procedures for monitoring the use	cedures for monit	oring the use of grant t	of grant funds in the United States.	l States.			
Part II Grants an recipient the	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	<b>Domestic Organi</b> 5,000. Part II can	zations and Domestic be duplicated if addition	: Governments. Co onal space is need	omplete if the orga ed.	nization answered "Y	∕es" on Form 990, Part	. IV, line 21, for any
<b>1 (a)</b> Name and ac or go <sup>o</sup>	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
COALITION TO REGULATE MARIJUANA LIKE ALCOHOL - 612 PARK STREET, STE 300 - COLUMBUS, OH 43215	GULATE MARIJUANA 612 PARK STREET, BUS, OH 43215	87-2443483	N/A	.000,069	. 0			TO SUPPORT BALLOT INITIATIVE IN OHIO
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				
" ⊿	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule I (Form 990) 2021

132101 10-26-21

31

Schedule I (Form 990) 2021 MARIJUANA POLICY	CY PROJECT	Т			52-1911644 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answ	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in	u quired in Part I, lin	ie 2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	lditional information.	
PART I, LINE 2:					
GRANTS ARE GIVEN THEIR OWN CLASS A	AND MONEY	SPENT ON	EACH PROJECT	CT IS TRACKED	
TROUGH THE EXPENSE MANAGEMENT SYSTEM.		MINIMIAL MONITORING IS		REQUIRED.	
132102 10-26-21		32			Schedule I (Form 990) 2021

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	)47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	Γ	20	21	
		Compensated Employees		20		I
Dono	tment of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer i			mber
		MARIJUANA POLICY PROJECT	52-1	191164	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	Ipanions Payments for business use of personal re	sidence			
	Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ny, of the following the organization used to establish the compensation of the organization'				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant				
	Form 990 of o	ther organizations	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					x
a		ce payment or change-of-control payment?				X
b		ceive payment from a supplemental nonqualified retirement plan?				X
С		ceive payment from an equity-based compensation arrangement?		4c		
	If "Yes" to any of III	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only contine E04	(2) 501(c)(4) and 501(c)(20) organizations must complete lines 5.0				
5		c) <b>(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b> on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
J	contingent on the r					
2	0			5a		X
a h	Any related organization	ration?		5a 5b		X
5		pr 5b, describe in Part III.				
6		on So, describe in Fait in. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
0	contingent on the r					
а	0			6a		X
		ration?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment.	s			
		nes 5 and 6? If "Yes," describe in Part III		7	Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
-		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in		····· 📕		
-		n 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990	) 2021

132111 11-02-21

Schedule J (Form 990) 2021 MARIJUANA	IUA.	POLICY	PROJECT		52-1911644	644		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	nplo	yees, and Highest C	ompensated Empl	oyees. Use duplica	te copies if additional s	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.	oe re	ported on Schedule . 390, Part VII.	J, report compensat	ion from the organiz	ation on row (i) and fro	om related organizatior	s, described in the ins	tructions, on row (ii).
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.	ed inc	dividual must equal th	ne total amount of F	orm 990, Part VII, S	ection A, line 1a, applic	cable column (D) and (	E) amounts for that inc	lividual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STEVEN W. HAWKINS	Ξ	230,403.	20,000.	• 0	9,862.	11,690.	271,955.	• 0
EXECUTIVE DIRECTOR	(ii)			• 0	• 0			.0
(2) CHRIS LINDSEY, DIRECTOR	(i)	138,919.	1,000.	•0	5,32	9,172.	154,418.	•0
OF GOVERNMENT RELATIONS	(ii)		I	0.		I		.0
(3) NATASHA OLINGER	(i)	141,331.	1,000.	• 0	5,234.	5,866.	153,43	0
CHIEF OF STAFF	(ii)	•0	.0	0.	.0	0.	.0	.0
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
				<b>v</b> c			Schedu	Schedule J (Form 990) 2021

132112 11-02-21

Schedule J (Form 990) 2021 MARIJUANA POLICY PROJECT	52-1911644 Page 3
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.	is part for any additional information.
PART I, LINE 3:	
THE CHIEF OF STAFF'S SALARY GETS APPROVED BY THE PRESIDENT & CEO EACH YEAR	
ALONG WITH THE OTHER STAFF'S SALARIES. THE BOARD OF DIRECTORS APPROVES THE	
EXECUTIVE DIRECTOR'S/PRESIDENT & CEO'S SALARY WHEN THEY APPROVE THE BUDGET	
EACH YEAR.	
PART I, LINE 7:	
THE EXECUTIVE DIRECTOR AND OTHER OFFICERS AND EMPLOYEES RECEIVED BONUSES	
DURING 2021. THE BONUS FOR THE EXECUTIVE DIRECTOR IS DECIDED AND APPROVED	
BY THE BOARD OF DIRECTORS. BONUSES FOR EVERYONE ELSE IS DECIDED BY THE	
EXECUTIVE DIRECTOR AND APPROVED BY THE BOARD OF DIRECTORS. ALL BONUSES ARE	
BASED ON PERFORMANCE.	
	Schedule J (Form 990) 2021

132113 11-02-21

35

SCHEDULE O

(Form 990)

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

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

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:

Schedule O (Form 990) 2021

Name of the organization MARIJUANA	POLICY PROJECI	1		Employer id 52-19	entification number 911644
MPP'S DOCUMENTS ARE MAIN	TAINED IN THE	ORGANIZATI	ON'S HEAI	QUARTER	S IN THE
DISTRICT OF COLUMBIA, AN	D THE MPP STAF	'F MAILS TH	E DOCUMEN	NTS TO II	NTERESTED
PERSONS VIA THE U.S. POS'	TAL SERVICE. I	N ADDITION	, MPP POS	STS ITS 1	FORM 990 ON
THE ORGANIZATION'S WEBSI	TE, AS WELL AS	5 THIRD-PAR	TY WEB S	TES. FI	NALLY, MPP
ALSO POSTS ITS ANNUAL RE	PORT ON ITS WE	BSITE.			
132212 11-11-21		27		Schedul	e O (Form 990) 202 <sup>-</sup>
431012 793927 17692	2021.04030	37 mart <sub>i</sub> tuana	POLICY P	ROJECT	176921

SCHEDULE R (Form 990) Department of the T Internal Revenue Se	rvice	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. ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	tions and Unrelated Pa wered "Yes" on Form 990, Part IV, ▶ Attach to Form 990. m990 for instructions and the late	r <b>tnerships</b> ine 33, 34, 35b, 3 st information.	16, or 37.		OMB No. 1545-0047 2021 Open to Public Inspection
Name of	Name of the organization MARIJUANA POLICY	СҮ РКОЈЕСТ				Employer identification number 52-1911644	fication number 644
Part I	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	e if the organization answered "Yes"	on Form 990, Part IV, line 3,				
	<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations. Complete if organizations during the tax year.	ttions. Complete if the organization a	the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	, Part IV, line 34, I	because it had one	or more related tax-ex	(empt
	<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
MARIJUANA P 52-1975211, WASHINGTON,	MARIJUANA POLICY PROJECT FOUNDATION - 52-1975211, 2370 CHAMPLAIN STREET NW, #12, WASHINGTON, DC 20009	FUBLIC EDUCATION	DISTRICT OF COLUMBIA 501(C)(3)	501(C)(3)	LINE 7	N/A	
For Pap	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule R	Schedule R (Form 990) 2021

132161 11-17-21 LHA

Schedule R (Form 990) 2021 MARIJUANA	UANA POLICY	Y PRO							52-1911644	11644	Page 2
Part III Identification of Related Organizations Taxable as a Partnershi organizations treated as a partnership during the tax year.	nizations Taxable a	<b>as a Partn</b> e tx year.		the organiza	p. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	res" on Form 99	0, Part IV, line	e 34, becaus	se it had one or m	iore relate	q
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(j) (k) General or Percentage managing ownership Partner?
<b>Part IV</b> Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	nizations Taxable a	<b>as a Corpo</b> Ing the tax y	<b>iration or Trust.</b> Co /ear.	omplete if the	e organization ans	swered "Yes" or	n Form 990, P	art IV, line 3	4, because it had	l one or m	ore related
(a) Name, address, and EIN of related organization		Prima	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, C corp, S corp, or trust)	ty Share of total rp, income		(g) Share of Pe end-of-year o assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? <b>Yes No</b>
132162 11-17-21				39					Schedu	lle R (Forr	Schedule R (Form 990) 2021

PROJECT	
POLICY	
MARIJUANA	
Schedule R (Form 990) 2021	

52-1911644 Page 3

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

Note: 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 with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ty			<b>1</b> a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		×
<b>c</b> Gift, grant, or capital contribution from related organization(s)				10		×
<b>d</b> Loans or loan guarantees to or for related organization(s)				14		×
e Loans or loan guarantees by related organization(s)				1e	Х	
f Dividends from related organization(s)				₩		×
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				Ŧ		×
i Exchange of assets with related organization(s)				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)				÷		×
<ul> <li>k Lease of facilities. equipment, or other assets from related organization(s)</li> </ul>				÷	X	
Daufaumanaa of aanijaaa ay maambaadhin oyfi maluajalaa aaliahahiad				=		≻
Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s)	janization(s) Ianization(s)			= =		< 🖂
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ttion(s)				X	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				ę	X	
anses				ę		×
Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				÷	Х	
(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	nis line, including covered	relationships and transaction thresholds.			
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved	pavlovr		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
132163 11-17-21	40		Schedule R (Form 990) 2021	e R (Forr	n 990)	) 2021

Page 4		enue)	(k) ercentage wnership				90) 2021
<u>1</u> 4		s rev	o D				orm (
164		gros	(j) General or managing partner? Yes NO				 R (Fe
52-1911644		y total assets or	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				Schedule R (Form 990) 2021
		easured b	Dispropor- tionate allocations?				
	37.	it of its activities (m	(g) Share of end-of-year assets				
	n 990, Part IV, line	e than five percen	(f) Share of total income				
	" on Form	icted mor	(e) Are all 501(c)(3) orgs.?				
	the organization answered "Yes" on Form 990, Part IV, line 37	the organization condu estment partnerships.	(related, unrelated, excluded from tax under sections 512-514)				
ROJECT	able as a Partnership. Complete if the organ	hip through which t sion for certain inve	(c) Legal domicile (state or foreign country)				
MARIJUANA POLICY PROJECT		ntity taxed as a partnersl tructions regarding exclu	<b>(b)</b> Primary activity				
Schedule R (Form 990) 2021 MARIJU	Part VI Unrelated Organizations Taxable as a Partnership. Complete if	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				

41

132164 11-17-21

#### MARIJUANA POLICY PROJECT

Part VII Supplemental Information

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

132165 11-17-21