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Form	J	J	U

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

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

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

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



Department of the Treasury Internal Revenue Service

AF	or th	e 2021 calendar year, or tax year beginning and	d ending		
B c a	heck if pplicat	le: C Name of organization		D Employer identifie	cation number
	Addr				
	Name Chan	Doing business as		52-19752	11
	Initial returr Final returr	,	Room/suit	E Telephone number 202-462-	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	1	<b>G</b> Gross receipts \$	1,084,662.
	Amer returr			H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: IOI IIOI CIIIIIOON		for subordinates	
	pend	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
ΙI	ax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1)	) or 📃 52	If "No," attach a	list. See instructions
		te: 🕨 WWW.MPP.ORG		H(c) Group exemptio	n number 🕨
ΚF	orm o	f organization: 🔀 Corporation 🔄 Trust 🦳 Association 📃 Other 🕨	L Yea	ar of formation: 1996 N	State of legal domicile: DC
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities:	FOUND	ATION ENVISI	ONS A
Activities & Governance		NATION WHERE: 1) MARIJUANA IS LEGALLY RE	GULAT	ED SIMILARLY	ТО
erné	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	osed of mo	ore than 25% of its net as	
õ	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
ي م	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)		5	0
iviti	6	Total number of volunteers (estimate if necessary)		6	10
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		785,254.	1,084,475.
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,715.	187.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,000.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		791,969.	1,084,662.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		40,000.	15,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,096,465.	953,772.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	109,775.
ă		Total fundraising expenses (Part IX, column (D), line 25)  278,8			<u> </u>
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	· · · · · · · · · · · · · · · ·	605,740.	592,433.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,742,205.	1,670,980.
	19	Revenue less expenses. Subtract line 18 from line 12		-950,236.	-586,318.
s or			Ľ	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	·····	2,296,884.	1,435,330.
et A: nd E	21	Total liabilities (Part X, line 26)		682,644.	407,408.
Z, D	22	Net assets or fund balances. Subtract line 21 from line 20		1,614,240.	1,027,922.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	vhich prepar	er has any knowledge.	

Sign Here	Signature of officer <b>TOI HUTCHINSON, CURREN</b> Type or print name and title	T PRESIDENT & CEO	Date
	Print/Type preparer's name MEENA BISHNOI	Preparer's signature Meccaliss	Sell-ellipioyeu —
Preparer	Firm's name 🕞 JM&M		Firm's 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 I	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No
132001 12-0		<i>,</i>	Form <b>990</b> (2021
n	TH COMPANY A HOD ODONITE	AMTON MTOOTON OMAMBN	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		NA POLICY PROJE		52-1975211	Page <b>2</b>
Pa	t III Statement of Program Se	rvice Accomplishment	S		
	Check if Schedule O contains a re	sponse or note to any line in the	nis Part III		<u> []</u>
1	Briefly describe the organization's missi TO DISTRIBUTE EDUCAT		ON TO THE PUBLIC	ABOUT MARIJUANA	BY
	INCREASING, INDENTIF	YING, AND ACTIV	ATING SUPPORTERS	OF NON-PUNITIVE	,
	NON-COERCIVE MARIJUA	NA POLICIES.			
2	Did the organization undertake any sign prior Form 990 or 990-EZ? If "Yes," describe these new services or		, the year which were not listed c		XNo
3	Did the organization cease conducting, If "Yes," describe these changes on Sch		how it conducts, any program so	ervices? Yes	XNo
4	Describe the organization's program ser Section 501(c)(3) and 501(c)(4) organiza revenue, if any, for each program servic	rvice accomplishments for eacl tions are required to report the			
4a	(Code: ) (Expenses \$	790,708 . including grants	of \$ 15,000.	) (Revenue \$	)
	COALITION ENGAGEMENT	<u>&amp; PUBLIC</u> EDUCA	TION: MPPF WORKE	D IN VARIOUS STAT	TES
	TO INCREASE PUBLIC S	UPPORT FOR NON-	PUNITIVE, NON-CO	ERCIVE MARIJUANA	
	POLICIES, INCLUDING				
	MPP FOUNDATION ALSO				RT
	FOR MPPF'S MISSION A				
	PROVIDING INFORMATIC		-	-	IA,
	AND OTHER ONLINE ENG	AGEMENT CHANNEL	S, AND PRODUCING	COLLATERAL.	
4b	(Code: ) (Expenses \$	including grants	of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$	including grants	of \$	) (Revenue \$	)
<u></u>	Other program convises (Describe or Ca				
4d	Other program services (Describe on Sc	,		١	
40	(Expenses \$ Total program service expenses	including grants of \$ 790,708.	) (Revenue \$	)	
<u>4e</u>		150,1001		Form Q	<b>90</b> (2021)
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
4	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV	5		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	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	140		<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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
202	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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Form 990 (	2021)		MARIJUANA	POLICY	Ρ
Part IV	Che	ecklist	of Required Schedu	lles (continue	d)

			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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	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	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25a		
b	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	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	0.4	х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	21	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u> </u>
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? 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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form 990	(2021)	MARIJUANA	POLICY	PROJECT	FOUNDATION
Part V	Statemen	its Regarding Other	IRS Filing	s and Tax Co	ompliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. <u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
h	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		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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 payo	? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	. 7c		X
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?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
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			
9	sponsoring organization have excess business holdings at any time during the year?	. 8		
a	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?	·		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b				
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
<b>12</b> a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. <u>13a</u>		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans       13b         Enter the amount of reserves on hand       13c	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	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 excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form 990	(2021)	)
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#### MARIJUANA POLICY PROJECT FOUNDATION

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

X

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.

,	Established with the second		10	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
	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.		10		
	Enter the number of voting members included on line 1a, above, who are independent	1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				x
•	officer, director, trustee, or key employee?				
3	Did the organization delegate control over management duties customarily performed by or under the	-			x
	of officers, directors, trustees, or key employees to a management company or other person?				X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 9				X
	Did the organization become aware during the year of a significant diversion of the organization's as				X
6 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a				- 23
	more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				
	persons other than the governing body?		7b		X
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	The governing body?			X	_
	Each committee with authority to act on behalf of the governing body?		8b	X	_
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			1	1 37
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9	1	X
30	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)		No.	
0-	Did the exception have lead chapters, branches, or offiliates?		100	Yes X	No
	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>		
D	If "Yes," did the organization have written policies and procedures governing the activities of such cl and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	x	
2	Has the organization provided a complete copy of this Form 990 to all members of its governing body			X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	iy before ming the fo		11	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y				
C	on Schedule O how this was done		12c		x
3	Did the organization have a written whistleblower policy?			x	
4	Did the organization have a written document retention and destruction policy?			x	
5	Did the process for determining compensation of the following persons include a review and approve				
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
	Other officers or key employees of the organization			1	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's			
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, D	C,FL,GA,HI	,IL,KS	S, KY	, M2
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 50	1(c)(3)s onl	y) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       Another's website       X       Upon request       Other (explain)	n on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	icy and fina	ncial	
	statements available to the public during the tax year.		, and mic		
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records			
-	NATASHA OLINGER - 202-462-5747				
	2370 CHAMPLAIN STREET NW, 12, WASHINGTON, DC 2000	)9			
2004	SEE SCHEDULE O FOR FULL LIST OF STATES		Forr	n <b>990</b>	(2021
_000	6		1.511		(_3_1
	012 793927 17692F 2021.04030 MARIJUANA POLIC				n 1

Part VII	Со	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Em	nployees, an	d Independe	ent Contra	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)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week (list any	ек —		bificer and a director/trustee)			,	. from the	from related organizations	other compensation
	hours for	Individual trustee or director				pe		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			en sate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	e e		1099-NEC)		and related
	below	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) STEVEN W. HAWKINS	line)	Ē	lns	9Ħ	Ke	Hic em	For			
EXECUTIVE DIRECTOR	20.00	•		x				0.	250,403.	21,552.
(2) CHRIS LINDSEY, DIRECTOR OF	20.00								20071000	
GOVERNMENT RELATIONS	20.00					x		0.	139,919.	14,499.
(3) NATASHA OLINGER	20.00									
CHIEF OF STAFF	20.00	1		Х				0.	142,331.	11,100.
(4) MATTHEW H. SCHWEICH	20.00									
DEPUTY DIRECTOR	20.00					Х		0.	137,560.	10,534.
(5) KAREN O'KEEFE	20.00									
DIRECTOR OF STATE POLICIES	20.00					Х		0.	115,041.	10,213.
(6) DEVAUGHN WARD	20.00									
SENIOR LEGISLATIVE COUNSEL	20.00					Х		0.	104,657.	7,951.
(7) TROY DAYTON	1.00									
CHAIR	1.00	X		Х				0.	0.	0.
(8) JEFFREY ZUCKER	1.00								0	0
VICE CHAIR	1.00	X		Х				0.	0.	0.
(9) SHERI ORLOWITZ	1.00			v				0	0	0
TREASURER	1.00	X		Х				0.	0.	0.
(10) JOHN GILMORE	1.00	x						0.	0.	0.
BOARD MEMBER (11) SAL PACE	1.00	<u> </u>	<u> </u>					0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(12) LES SZABO	1.00							0.	0.	
BOARD MEMBER	1.00	x						0.	0.	0.
(13) AC BUSHNELL	1.00									
BOARD MEMBER	1.00	x						0.	0.	0.
(14) JEFF BROWN	1.00									
BOARD MEMBER	1.00	x						0.	Ο.	0.
(15) JOTAKA EADDY	1.00									
BOARD MEMBER	1.00	X						0.	0.	0.
(16) JON BLAIR	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
										<b>– – – – – – – – – –</b>

132007 12-09-21

Form 990 (2021)

06461012 793927 17692F

	990 (2021) MARIJUANA	A POLICY	ζΙ	PRC	JJE	C.DE	ΓĒ	JO	UNDATION	52-1	<u>975</u>	211	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghes	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0		-		(D)	(E)			(F)	
	Name and title	Average			Posi				Reportable	Reportable	,	Es	timate	ed
		hours per					than d is both		compensation	compensatio			nount	
		week					or/trus		from	from related			other	
		(list any	ctor						the	organization	IS	com	pensa	tion
		hours for	r dire				pa		organization	(W-2/1099-MI	SC/	fr	om th	е
		related	Individual trustee or director	Institutional trustee			en sat		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
		organizations	l trus	nal tr		Key employee	duo		1099-NEC)			an	d relat	ed
		below	vidua	itutio	cer	empl	nest c	Former				orga	anizati	ons
		line)	Indi	Inst	Officer	Key	Highest compensated employee	Forr						
							$\square$							
							$\vdash$							
							$\left  - \right $							
1b	Subtotal								0.	889,9		7	5,8	
	Total from continuation sheets to Part VI								0.		0.			0.
d	Total (add lines 1b and 1c)								0.	889,9	11.	7	5,8	49.
2	Total number of individuals (including but n								eceived more than \$100	,000 of reportab	le			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, trust	ee. k	kev e	empl	love	e. or	, hia	hest compensated emr	olovee on				
-	line 1a? If "Yes," complete Schedule J for s							-				3		Х
4	For any individual listed on line 1a, is the su	im of reportab	   cr		enee	ation	 . anc	tto t	her compensation from	the organization				
-	and related organizations greater than \$150									the organization		4	Х	
F	Did any person listed on line 1a receive or a											4		
5						-			•			F		х
500	rendered to the organization? If "Yes," com tion B. Independent Contractors	piele Scrieduli	9 J I	or st	icn	bers	SON .					5		-77
										<u></u>				
1	Complete this table for your five highest co										npens	ation 1	rom	
	the organization. Report compensation for	the calendar y	ear	endii	ng w	vith	or w	Ithir		year.				
	(A) Name and business	addraga	3.77						<b>(B)</b> Description of s	onviooo	C	<b>))</b> ompe		n
	Name and business	auuress	INC	ONE	5			$\rightarrow$	Description of s	el vices		ompe	Isatio	
								_						
								$ \rightarrow$						
								T						
2	Total number of independent contractors (ii	ncludina but n	ot li	mite	d to	tho	se lis	sted	d above) who received m	ore than				
-	\$100,000 of compensation from the organiz	-					)		,	·				
												Form		2021)

132008 12-09-21

Form **990** (2021)

Form	n 990	) (ź	2021) MARIJUANA POI	LICY PR	OJECT	FOUNDA	TION	52-1975	211 Page 9
Pa	rt V	(	Statement of Revenue						
			Check if Schedule O contains a response	or note to ar	ny line in th				
					Tot	(A) al revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b						
S, G			Fundraising events 1c						
ar /			Related organizations 1d						
imil S, C			Government grants (contributions) <b>1e</b>	106,56	3.				
r Si			All other contributions, gifts, grants, and						
the			similar amounts not included above 1f	977,91	2.				
dat		g	Noncash contributions included in lines 1a-1f						
an Co		h	Total. Add lines 1a-1f		1,08	34,475.			
				Business Co	ode				
e	2	а							
Program Service Revenue		b							
enu		с							
Reve		d							
ЮĞ		е							
Ē		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends, inter						
			other similar amounts)		▶	187.			187.
	4		Income from investment of tax-exempt bond	proceeds	▶				
	5		Royalties						
			(i) Real	(ii) Person	al				
	6	а	Gross rents 6a		_				
			Less: rental expenses 6b		_				
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securities	(ii) Other					
		_	assets other than inventory <b>7a</b>		_				
۵		b	Less: cost or other basis						
evenue			and sales expenses 7b		_				
eve			Gain or (loss) 7c	<u> </u>					
л Н			Net gain or (loss)						
Other R	8	а	Gross income from fundraising events (not						
0			including \$ of						
			contributions reported on line 1c). See						
		<b>b</b>	Part IV, line 18		_				
			Less: direct expenses 8t Net income or (loss) from fundraising events						
			Gross income from gaming activities. See						
	5	a	Part IV, line 19						
		þ	Less: direct expenses						
			Net income or (loss) from gaming activities						
			Gross sales of inventory, less returns		-				
	-	-	and allowances <b>10</b>	a					
		b	Less: cost of goods sold 10						
			Net income or (loss) from sales of inventory	1					
s				Business Co	ode				
sou:	11	а							
ane		b							
cell leve		с							
Miscellaneous Revenue		d	All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions		1,08	34,662.	0.	0.	187.
13200	9 12-	-09	-21						Form <b>990</b> (2021)

#### 132009 12-09-21

9

MARIJUANA POLICY PROJECT FOUNDATION Part IX Statement of Functional Expenses

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

Do	Check if Schedule O contains a responsion to the contains a responsion of the contains and the contains a response of the contains a re	(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	15,000.	15,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	127,518.	54,051.	53,257.	20,210
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	666 026	000 401	0.0.0.0.0.1	110 204
7	Other salaries and wages	666,836.	282,481.	274,031.	110,324
8	Pension plan accruals and contributions (include	22 100	7 052	10 050	2 1 7 /
~	section 401(k) and 403(b) employer contributions)	23,180. 68,270.	7,953. 34,277.	12,053. 33,404.	<u>3,174</u> 589
9	Other employee benefits	67,968.	27,358.	28,304.	12,306
10 11	Payroll taxes Fees for services (nonemployees):	07,500.	27,550.	20,304.	12,500
	Management				
	Legal	265,257.	250,517.	14,740.	
	Accounting	18,247.		18,247.	
	Lobbying	25,593.	20,593.	5,000.	
	Professional fundraising services. See Part IV, line 17	109,775.		,	109,775
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	117,762.	30,587.	87,175.	
12	Advertising and promotion				
13	Office expenses	14,066.	1,409.	10,175.	2,482 7,942
14	Information technology	53,934.	5,407.	40,585.	7,942
15	Royalties	10 020	10 000	A 100	0.076
16	Occupancy	19,838.	12,696.	4,166.	2,976
17	Travel	12,928.	7,565.	5,313.	50
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	594.	160.	386.	48
19 20		830.	100:	830.	10
20	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	27,195.	17,405.	5,711.	4,079
23	Insurance	32,675.	20,912.	6,862.	4,901
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 AND SUBSCRIPTIONS	3,514.	2,337.	1,177.	
b					
с					
d					
е	All other expenses	1 (80.000			080 051
25	Total functional expenses. Add lines 1 through 24e	1,670,980.	790,708.	601,416.	278,856
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 Figure 16 If following SOP 98-2 (ASC 958-720)				Form <b>990</b> (202

132010 12-09-21

06461012 793927 17692F

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Form **990** (2021)

132011 12-09-21

06461012 793927 17692F

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note t	to any line in th	is Part X		<u></u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			142,584.	1	21,961.
	2	Savings and temporary cash investments			445,617.	2	698,430.
	3	Pledges and grants receivable, net			1,000,000.	3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substar	ntial contributor	, or 35%			
		controlled entity or family member of any of these	persons			5	
	6	Loans and other receivables from other disqualifie	ed persons (as c	lefined			
ts		under section 4958(f)(1)), and persons described in	in section 4958(	c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
A	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a -	907,133.			
	b	Less: accumulated depreciation	10b	224,220.	708,683.	10c	682,913.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			0.	15	32,026.
	16	Total assets. Add lines 1 through 15 (must equal l		i i	2,296,884.	16	1,435,330.
	17	Accounts payable and accrued expenses	9,945.	17	34,028.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
ies	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substar					
_iat		controlled entity or family member of any of these	265 670	22			
_	23	Secured mortgages and notes payable to unrelate			365,670.	23	355,458.
	24	Unsecured notes and loans payable to unrelated t		F	124,485.	24	17,922.
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	7-24). Complete	e Part X	100 544		٥
		of Schedule D		·····	<u>182,544.</u> 682,644.	25	<u> </u>
	26	Total liabilities. Add lines 17 through 25			002,044.	26	407,400.
Se		Organizations that follow FASB ASC 958, check	k here 🕨 🔼				
nce	07	and complete lines 27, 28, 32, and 33.			463,648.	07	829,855.
Sala	27	Net assets without donor restrictions		1,150,592.	27	198,067.	
Ыd	28	Net assets with donor restrictions	1,130,392.	28	190,007.		
Fur		Organizations that do not follow FASB ASC 958	3, check here				
Net Assets or Fund Balances		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds				29	
Ass	30	Paid-in or capital surplus, or land, building, or equi		F		30	
et /	31	Retained earnings, endowment, accumulated inco			1,614,240.	31 32	1,027,922.
Z	32	Total net assets or fund balances			2,296,884.	32	1,435,330.
	33	Total liabilities and net assets/fund balances			2,270,004.	১৩	I, I

Form **990** (2021)

# Part X | Balance Sheet

Earm	000	(2021
Form	990	(2021)

	1990 (2021) MARIJUANA POLICY PROJECT FOUNDATION	52-19	75211	Pag	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	1,08					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,67					
3	Revenue less expenses. Subtract line 2 from line 1	3	-58					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
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	1,02	7,9	22.			
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	Х				
	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		Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.						
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 Audit						
	Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b					
			_	000				

Form **990** (2021)

(Form 990)

Total

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2021
Open to Public

Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest infor									Open to Public Inspection	
		the organizat	·	Go to www.irs.go	V/Form990 for Instructi	ons and t	ne latest i	nformation.	Employor	identification number
Nam	- 01	the organizat		TITANA DOLT	CY PROJECT F		TON			2-1975211
Par	+ 1	Beason			(All organizations must c			See instructio		
					(For lines 1 through 12, o				10.	
1	nyai		•		on of churches describe					
2		,		,	Attach Schedule E (Forn		// // // //	·//~//י/·		
3					anization described in se		V6V4VAV;	::)		
4		•	•						Wiii) Entor	the beenitel's name
4		city, and stat		allon operated in co	njunction with a hospita	I described	u in sectio		(III). Enter	the hospital's hame,
5				or the banafit of a co	ollege or university owne	d or opora	tod by a d	ovornmontal	unit doscrik	ood in
5				Complete Part II.)	nege of university owned	u or opera	lieu by a g	overnmental	unit descrit	
6					mental unit described in	soction 1	70(6)(1)(4)	(m)		
	Х				antial part of its support 1				the general	public described in
1				complete Part II.)	antial part of its support i	nom a gov	ennenta		uie general	
8					(1)(A)(vi). (Complete Par	+ 11 \				
9					l in section 170(b)(1)(A)		ed in coniu	inction with a	land-grant	college
5					culture (see instructions).					
		university:		grant conege of agric			marne, on	y, and state t	i the colleg	
10			ion that norma	ally receives (1) more	than 33 1/3% of its sup	nort from	contributio	ne member	shin foos a	nd gross receipts from
10					ct to certain exceptions;					
					e (less section 511 tax) fr					
				mplete Part III.)			0000 0090		rgamzation	
11					sively to test for public sa	afety See	section 5	0.9(a)(4)		
12		-	-		sively for the benefit of, to	•			arry out the	e purposes of one or
					ed in <b>section 509(a)(1)</b> o					
					of supporting organizatio					
а					supervised, or controlled					<i>i</i> aivina
					egularly appoint or elect a					
				complete Part IV, Se		amajonty				sapporting
b					d or controlled in connec	tion with it	ts support	ed organizati	on(s), bv ha	avina
					anization vested in the s					
			-	at complete Part IV,						
с					g organization operated	in connec	tion with	and functiona	ally integrate	ed with.
•			-		s). <b>You must complete l</b>					
d					porting organization oper				orted organi	ization(s)
					zation generally must sa					
				0 0	nplete Part IV, Sections	,				
е		- ·	t i	,	written determination fro		,		e II. Type III	
			•		onally integrated support			, , , , , , , , , , , , , , , , , , ,	, ,,	
f	Ent					0 0				
				n about the supporte						·
		(i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount c	f monetary	(vi) Amount of other
		organization	n		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

#### Schedule A (Form 990) 2021

#### MARIJUANA POLICY PROJECT FOUNDATION

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fisal year beginning in) ►       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         1 Gifts, gunts, contributions, and control bits behalt       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         2 Tax revenues levide for the organization without charge       2640880.       1715789.       4063892.       785, 254.       1084475.       10290290.         3 The value of services or facilities       control bits behalt       control bits behalt       control bits behalt       control bits behalt         4 Total. Add inter paid to       control bits behalt       control bits behalt       control bits behalt       control bits behalt         5 The portion of total contributions       ty sach portion of total contributions       control bits behalt	Sec	ction A. Public Support									
membership fees received. (Dr not include any "unusual grants.")       2640880.       1715789.       4063892.       785,254.       1084475.       10290290.         2 Tax revenues levide for the organ- traction's barefit and ether paid to or expended on its behalt       2640880.       1715789.       4063892.       785,254.       1084475.       10290290.         3 The value of services or facilities furnished by a governmental unit to the organization without charge governmental unit or publicly supported organization (other than a governmental unit or publicly support distalyzer beginning in) >       2640880.       1715789.       4063892.       785,254.       1084475.       10290290.         6 Indistance from inferest, dividends, payments received on securities localism, rents, regulary, carlies, and income from infiles 200028.       22,000.       1,276.       1,715.       187.       25,178.         9 Net income from infiles 200028.       22,000.       1,276.       1,715.       187.       25,000.       5,000.         17 Total support. Add lines 7 through 10       10       10       10       10       10       10.2020468.       12	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
Include any "unusual grants ")       2640880.       1715789.       4063892.       785,254.       1084475.       10290290.         2 Tax revenues levied for the organ- tration's benefit and either pail to or expended on its behalf       2640880.       1715789.       4063892.       785,254.       1084475.       10290290.         3 The value of services or facilities furnished by a governmental unit to the organization without charge.       2640880.       1715789.       4063892.       785,254.       1084475.       10290290.         5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11.       2640880.       1715789.       4063892.       785,254.       1084475.       10290290.         5 Public support.       (a) 2017       (b) 2018       (c) 2019       (a) 2020       (b) 75789.       4063892.       785,254.       1084475.       10290290.         6 Public support.       (a) 2017       (b) 2018       (c) 2019       (a) 2020       (b) 7578.       4063892.       785,254.       1084475.       10290290.         6 Public support.       (a) 2017       (b) 2018       (c) 2019       (a) 2020       (b) 7578.       4063892.       785,254.       1084475.       10290290.         7 Anounts from innel 4.       2640880.       1	1	Gifts, grants, contributions, and									
2       Tax revenues levied for the organization's benefit and either paid to         or expended on its behalf         differences of rectifies         timiseted by a governmental unit to         the organization without charge         4 Total. Add lines 1 through 3         The value of services or facilities         timiseted by a governmental unit to         the organization without charge         4 Total. Add lines 1 through 3         The portion of total contributions         by each person (other than a         governmental unit or public)         supported organization without charge         4 Total. Add lines 1 through 3         The portion of total contributions         by each person (other than a         governmental unit or public)         supported organization without charge         4 Total. Add lines 4 through 3         The portion of total contributions         by each person (other than a         governmental unit or public)         supported organization without charge         4 Total. Add lines 4 through 3         The portion B, Total Support         Calindary ser (orifical year beginning in)         (a) 2017         (b) 2018         (c) 2019         (d) 2020         (e) 2021         (f) Total         26 40880         1715789         4063892         785, 254         1084475         10290290         8         Gross income from interest,         dividends, payments received on         securities loans, rents, royatiles,         and income from interest,         dividends, payments received on         securities charge regiming in )         22,000         1,276         1,715         187         25,178         Net income from interest,         dividends, payments received on         securities charge regiming in the divide		membership fees received. (Do not									
izator's benefit and either paid to or expended on its behalf		include any "unusual grants.")	2640880.	1715789.	4063892.	785,254.	1084475.	10290290.			
or expended on its behalt         3 The value of services or facilities thrmished by a governmental unit to the organization without charge         4 Total. Add lines 1 through a governmental unit or publicly supported organization) included on line 1 that exceeds 256 of the amount shown on line 11, column (n).         5 The portion of total contributions by each person (other than a governmental unit or publicly support dorganization) included on line 1 that exceeds 256 of the amount shown on line 11, column (n).         6 Public support.       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         8 Net income from inmits sources and income from inmits sources attivities, whether or not the business is regulary carried on ito class from the sale of capital assets (Explain in Part Vi)       22,000.       1,276.       1,715.       187.       25,000.         11 Total support, Add lines 7 through 10       12       10.0320468.       12       10.0320468.         12 First 5 yeas. If the Form 900 is for the organization's first, second, third, fo	2	Tax revenues levied for the organ-									
3       The value of services or facilities furnished by a governmental unit to the organization without charge in through 3       2640880.1715789.4063892.785,254.1084475.10290290.         4       Total. Add lines 1 through 3       2640880.1715789.4063892.785,254.1084475.10290290.         5       The portion of total contributions by each parson (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       3432895.         6       Public support. Setsencine 5 into line 4       6857395.         7       Amounts from line 4       6857395.         26100187 year (of fiscal year beginning in) The column (f)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total column (f)         7       Amounts from line 4       22,000.1       1,276.1,715.187.25,178.10290290.       22,000.1       1,276.1,715.187.25,178.10290290.         8       Gross income from initiar sources on securities loans, enst, royatiles, and income from initiar sources on the business is regularly carried on the business is regularly carried on the business is regularly carried on the sale of capital assets (Explain In Part V).10       10320468.1       10320468.1         12       Gross income from similar sources on the sale of capital assets (Explain In Part V).10       10320468.1       10320468.1       10320468.1         13       First Systepin In Part V).10       10320468.1       10320468.1		ization's benefit and either paid to									
timeshed by a governmental unit to the organization without charge		or expended on its behalf									
the organization without charge       2640880.1715789.4063892.785,254.1084475.10290290.         5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       3432895.         6 Public support. Subtrations from line 4       6857395.         2 G40880.1715789.4063892.785,254.1084475.10290290.         6 Public support. Subtrations from line 4       6857395.         2 Gatomary ear (or fiscal year beginning in) > Calendar year (or fiscal year beginning in) > Calendary ear (or fiscal year beginning in) > Calendar	3	The value of services or facilities									
4       Total. Add lines 1 through 3       2640880.       1715789.       4063892.       785,254.       1084475.       10290290.         5       The portion of total contributions by each press of (that man a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       3432895.         6       Public support. Subtract line 5 from line 4.       6857395.         Section B. Total Support       610200       (d) 2021       (d) 2021       (f) Total         Calendar year (of fiscal year beginning in) b       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         Glinedar year (of fiscal year beginning in) b       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         Grine from similar sources.       22,000.       1,276.       1,715.       187.       25,178.         9       Net income from interest, dividends, payments received on securities (sequart regularity carried on not include gain or loss from the sale of capital assets (Explain In Part VI)       5,000.       5,000.       5,000.         10       Other income. Do not include gain or loss for the organization (f), divided by line 11, column (f)       14       66.44 %       5         12       Creas receipts from related activitits, etc. (see instructions)       12       5 <th></th> <th>furnished by a governmental unit to</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>		furnished by a governmental unit to									
5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, columm (f)       3432895.         6       Public support. Subset the 5 tom the 4       6857395.         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7       Amount's from line 4       2640880.1715789.4063892.785,254.1084475.10290290.       8       785,254.1084475.10290290.       25,178.         8       Gross income from interest, dividends, payments received on securities loans, rent, royatiles, and income from similar sources       22,000.1,1,276.1,715.187.25,178.       1084475.10290290.         9       Net income from unvelated business activities, whether or not the business is regularly carried on in or loss from the sale of capital assest (Explain in Part VI.)       2,000.5,000.       5,000.       5,000.         10       Other income, obck its bis and stop here       2       2       2       0       10320468.         12       Gross receipts from related activities, etc. (see instructions)       12       13       133 First 5 years. If the Form 500 is for the organization of the organization of not clucked group or 2020 Chedule A, Part II, ine 14       14       66.44 % 15       26.44 % 15       26.44 % 15       26.44 % 15       26.44 % 15       26.44 % 15       26.44 % 15		the organization without charge									
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Celendar year (or fiscal year beginning in) Celendar year (or fiscal year) Celendar year) Celendar ye	4	Total. Add lines 1 through 3	2640880.	1715789.	4063892.	785,254.	1084475.	10290290.			
governmental unit or publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f)       343 28 95.         6 Public support, Subtract line 5 tom line 4.       68 57 39 5.         Section B. Total Support         Calendar year (or fiscal year beginning in) >         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         Calendar year (or fiscal year beginning in) >       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       26 40 88 0.       171 57 89.       40 63 89 2.       785, 254.       10 84 475.       10 29 0 29 0.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources …       22,000.       1,276.       1,715.       187.       25,178.         9 Net income. Do not include gain or loss from the sate of capital assets (Explain in Part VI).       22,000.       10 320 468.       10 320 468.         12 Gross receipts from related activities, etc. (see instructions)       12       10 32 04 648.       5         14 Public support percentage from 2020 Schedule A, Part II, line 14       15 63.444 %       5         15 Public support percentage from 2020 Schedule A, Part II, line 14       13 6 31.3% or more, checkt this box and stop here. The organization du	5	The portion of total contributions									
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       3432895.         6 Dublic support.       6857395.         Section B. Total Support       6857395.         Gelendar year (or fiscal year beginning in) ►       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total 0857395.         Genome from interest, dividends, payments received on securities loans, rents, royatiles, and income from interest, dividends, payments received on securities loans, rents, royatiles, and income from interest, dividends, payments received on securities loans, rents, royatiles, activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI)       22,000.       1,276.       1,715.       187.       25,178.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       10       10       10       10320468.         12       First System. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section SOI(c)(3) organization, check this box and stop here       12         14       Full Coupt percentage from 2020. Schedule A, Part II, line 14, line 14, is 31/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization or line 13, 16a, and line 14 is 131/3% or more, check this box and stop here. The organization qualifies as a publicly support		by each person (other than a									
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 3432895. 6 Public support. Setext the 3 form line 4. Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4. Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4. Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4. Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4. Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4. Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4. Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4. Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4. Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4. 2 2 , 000 . 1 , 276 . 1 , 276 . 1 , 276 . 1 , 715 . 187 . 2 2 , 000 . 1 , 276 . 1 , 715 . 187 . 2 5 , 178 . 2 2 , 000 . 1 , 276 . 1 , 715 . 187 . 2 5 , 178 . 2 2 , 000 . 1 , 276 . 1 , 715 . 187 . 2 5 , 000 . 1 , 276 . 1 , 715 . 187 . 2 5 , 000 . 1 , 276 . 1 , 276 . 1 , 715 . 187 . 2 5 , 000 . 1 , 276 . 1 , 715 . 187 . 2 5 , 000 . 1 , 276 . 1 , 276 . 1 , 715 . 187 . 2 5 , 000 . 1 , 276 . 1 , 276 . 1 , 715 . 187 . 2 5 , 000 . 1 , 276 . 1 , 276 . 1 , 715 . 187 . 2 5 , 000 . 1 , 276 . 1 , 715 . 187 . 2 5 , 000 . 1 , 276 . 1 , 276 . 1 , 715 . 187 . 2 5 , 000 . 1 , 276 . 1 , 715 . 187 . 2 , 000 . 1 , 276 . 1 , 276 . 1 , 715 . 187 . 2 , 000 . 1 , 276 .		governmental unit or publicly									
amount shown on line 11, column (f)       3432895.         6       Public support. Subtratime 5 from line 4.       6857395.         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7       Amounts from line 4.       2640880.       1715789.       4063892.       785, 254.       1084475.       10290290.9         8       Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       22,000.       1,276.       1,715.       187.       25,000.         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       5,000.       5,000.         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501cl/cl3 organization, check this box and stop here       Section C. Computation of Public Support Percentage         14       66.3.4.4.4.%       5       13       133 1/3% support test - 2021. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization did not check a box on line 13, rda, or 16b, and line 14 is 10% or more, and if the organization did not check a box on line 13, rda, and line 14 is 133 1/3% o		supported organization) included									
column (f)       3432895.         6 Public support. Subtract line 5 trom line 4       6857395.         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       6350380.       1715789.       4063892.       785, 254.       1084475.       10290290.         8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources       22,000.       1,276.       1,715.       187.       25,178.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       22,000.       1,276.       1,715.       187.       25,000.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       10320468.       10320468.       12         12       Gross receipts from related activities, etc. (see instructions)       12       13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       organization, check this box and stop here       5         8 Gross income test - 2021 (if the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly support dor ganization meets the facts-and-circumstances test, check this box and stop here. The organization did not check a box on line 13, and line 14		on line 1 that exceeds 2% of the									
6       Public support. Subtract line 5 from line 4       6857395.         Section B. Total Support         Calendar year (or fisal year beginning in)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       22,000.       1,276.       1,715.       187.       25,178.         9       Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI).       22,000.       5,000.       5,000.         11       Total support. Add lines 7 through 10       10.0320468.       12         23       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       12         14       Coss recepts from realized activities as a publicly supported organization       14       66.44       6         15       Ba3 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization and stop here. The organization did not check he box on line 13, net 3, net 31. Si, 6, or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-ci		amount shown on line 11,									
Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       26 40 88 0.       1715789.       40 63 892.       785, 254.       10 84 475.       10 29 0290.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from sinterest, dividendy, whether or not the business is regularly carried on roles from the sale of capital assets (Explain in Part VI.)       22,000.       1,276.       1,715.       187.       25,178.         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       5,000.       5,000.       5,000.         11 Total support. Add lines 7 through 10       10 320 468.       12       10 320 468.         12       13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here		column (f)									
Calendar year (or fiscal year beginning in)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       2640880.1715789.4063892.785,254.1084475.10290290.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.       22,000.1,1,276.1,715.187.25,178.       1084475.10290290.         9 Net income from unrelated business activities, whether or not the business is regularly carried on in 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       5,000.55,000.       5,000.         11 Total support. Add lines 7 through 10       10 320468.       12       10 320468.         12 Gross receipts from related activities, etc. (see instructions)       12       10 320468.       12         14 Public support Add lines 7 through 10       14       66.44 %         15 Oronputation of Public Support Percentage       15       63.44 %         16 Output support test - 2020. If the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       13         17a 10% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       13         17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organiz								6857395.			
8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       22,000.       1,276.       1,715.       187.       25,178.         9       Net income from nurelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       22,000.       1,276.       1,715.       187.       25,178.         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       5,000.       5,000.         11       Total support. Add lines 7 through 10       10.320468.       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       12         14       Public support teer-tage for 2021 (line 6, column (f), divided by line 11, column (f))       14       66.44.4.%         15       63.444.%       15       63.444.%       5         16       Support teet - 2021. If the organization did not check the box on line 13, and line 14 is 31/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a       10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       X	Sec	ction B. Total Support	-			-					
8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       22,000.       1,276.       1,715.       187.       25,178.         9       Net income from nurelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       22,000.       1,276.       1,715.       187.       25,178.         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       5,000.       5,000.         11       Total support. Add lines 7 through 10       10.320468.       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       12         14       Public support teer-tage for 2021 (line 6, column (f), divided by line 11, column (f))       14       66.44.4.%         15       63.444.%       15       63.444.%       5         16       Support teet - 2021. If the organization did not check the box on line 13, and line 14 is 31/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization       X         17a       10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization       X	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
dividends, payments received on securities loans, rents, royalties, and income from similar sources       22,000.       1,276.       1,715.       187.       25,178.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       10       0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       5,000.       5,000.       5,000.         11 Total support. Add lines 7 through 10       10320468.       12       10320468.       12         12 Gross receipts from related activities, etc. (see instructions)       12       1       10320468.         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.           Section C. Computation of Public Support Percentage         14 Public support percentage from 2020 Schedule A, Part II, line 14       16       66.44 %         15 Public support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization           17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, row on line 13, row in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. The organization qualifies as a publicly supported organization           1	7	Amounts from line 4	2640880.	1715789.	4063892.	785,254.	1084475.	10290290.			
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more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			-			-					
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						• •					
	40										
	10	r mate roundation. In the organizatio	T UIU HOL CHECK a		a, 100, 17a, 01 17	S, CHECK THS DOX 8					

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Schedule A (Form 990) 2021
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## MARIJUANA POLICY PROJECT FOUNDATION

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third	, fourth, or fifth tax	vear as a section	501(c)(3) organiz	zation,
	check this box and <b>stop here</b>	-			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (	line 8, column (f), (	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by	line 13, column (f))	)	17	%
	Investment income percentage from					18	%
	<b>33 1/3% support tests - 2021.</b> If the					33 1/3% , and lin	e 17 is not
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	0					
20	Private foundation. If the organization			•	. ,	•	
	23 01-04-22						e A (Form 990) 2021
				15			. ,

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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10b | Schedule A (Form 990) 2021

### Schedule A (Form 990) 2021 MARIJUANA POLICY PROJECT FOUNDATION

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in</i> <b>Part VI</b> <i>how providing such benefit carried out the purposes of the supported organization(s) that operated,</i>			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		<u> </u>	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	າຣ).

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c L		The organization supported a	povernmental entity	. Describe in Part VI how	you supported a	governmental entity	(see instructions).
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17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

Schedule A (Form 990) 2021

2a

2b

3a

3b

Yes No

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Schedule A (Form 990) 2021

#### MARIJUANA POLICY PROJECT FOUNDATION

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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#### MARIJUANA POLICY PROJECT FOUNDATION

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(contini</sub>	ued)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.	· · · ·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
•	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

#### REIMBURSEMENTS

2020 AMOUNT: \$ 5,000.

132028 01-04-22

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Na

Organization type (check one):

### \*\* 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

Employer identification number

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me of the organization	

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (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

MARIJUANA POLICY PROJECT FOUNDATION

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

#### **General Rule**

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

#### Special Rules

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

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

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

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

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

Name of organization

MARIJUANA POLICY PROJECT FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 Χ Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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Schedule B (Form 990) (2021)

2021.04030 MARIJUANA POLICY PROJECT FO 17692F\_1

06461012 793927 17692F

Employer identification number

52-1975211

Schedule B (Form 990) (2021)

2021.04030 MARIJUANA POLICY PROJECT FO 17692F\_1

123452	11-1	1-21	

Name of organization

## MARIJUANA POLICY PROJECT FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 Х Person Payroll 106,563. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.)

52-1975211

Employer identification number

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06461012 793927 17692F

Name of organization

Employer identification number

52-1975211

MARIJUANA POLICY PROJECT FOUNDATION

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
453 11-11-21	2	· · · · · · · · · · · · · · · · · · ·	Schedule B (Form 990) (2

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ame of organi	zation		Employer identification nu
ARIJUAN	A POLICY PROJECT FOU	NDATION	52-1975211
fro cor	clusively religious, charitable, etc., contribut m any one contributor. Complete columns (a npleting Part III, enter the total of exclusively religious, se duplicate copies of Part III if additional	) through (e) and the following line e charitable, etc., contributions of <b>\$1,000 o</b>	section 501(c)(7), (8), or (10) that total more than \$1,000 for ntry. For organizations r less for the year. (Enter this info. once.)
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of g	
	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 g	ift
	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
	Transferee's name, address, a	(e) Transfer of g	Relationship of transferor to transferee
	nansieree s name, address, a		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of g	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
3454 11-11-21		25	Schedule B (Form 99

SCHEDULE C (Form 990)	Po	litical Campaign a	and Lobbyin	g Activities	OMB No. 1545-0047				
(10111330)									
Department of the Treasury	EZ. Open to Public								
Internal Revenue Service	▶ 0	to to www.irs.gov/Form990 for i	instructions and the	latest information.	Inspection				
If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III.									
Name of organization					ployer identification number				
Part I-A Compl		NA POLICY PROJECT anization is exempt under			52-1975211				
<ol> <li>Provide a description</li> <li>Political campaign</li> </ol>	on of the organiz activity expendit	ation's direct and indirect politica ures gn activities	Il campaign activities i	n Part IV.					
Part I-B Compl	ete if the ord	anization is exempt unde	er section 501(c)(	3).					
		incurred by the organization unde		►	\$				
		incurred by organization manage			\$				
		n 4955 tax, did it file Form 4720 f							
					Yes No				
b If "Yes," describe in	n Part IV.								
-	-	anization is exempt unde							
		I by the filing organization for sec			\$				
		ization's funds contributed to oth	-		¢				
		. Add lines 1 and 2. Enter here ar			φ				
•	•				\$				
				·······					
5 Enter the names, a	ddresses and en	nployer identification number (EIN tion listed, enter the amount paid	l) of all section 527 po	litical organizations to wh	ich the filing organization				
contributions receiv	ved that were pro	omptly and directly delivered to a additional space is needed, provid	separate political orga	anization, such as a sepa	-				
( <b>a)</b> Name	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and				
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form 99	90 or 990-EZ.		Schedule C (Form 990) 2021				

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Schedule C (Form 990) 2021				CT FOUNDATI	ON 52-1	975211 Page 2				
-	-	on is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under				
section 501(h)										
A Check Image: If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).										
B Check 🕨 🛄 if the filing c	organization checi	ked box A al	nd "limited control" pro	ovisions apply.						
(The term '	Limits on Lob "expenditures" n		nditures unts paid or incurred.	)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals				
1a Total lobbying expenditure	s to influence put	olic opinion (	(grassroots lobbying)		25,593.					
b Total lobbying expenditure	s to influence a le	gislative bo	dy (direct lobbying)		30,000.					
c Total lobbying expenditure	s (add lines 1a an	id 1b)			55,593.					
d Other exempt purpose exp					1,336,531.					
e Total exempt purpose expe					1,392,124.					
f Lobbying nontaxable amou					214,212.					
If the amount on line 1e, colu			bying nontaxable am	11	-					
Not over \$500,000	( ) ( ) -		the amount on line 1e							
Over \$500,000 but not ove	er \$1 000 000		00 plus 15% of the exc							
Over \$1,000,000 but not ov			00 plus 10% of the exc							
Over \$1,500,000 but not ov			00 plus 5% of the exce							
Over \$17,000,000	VCI @17,000,000	\$1,000,	•	.33 0 ver @1,500,000.						
		φ1,000,	000.							
g Grassroots nontaxable amo	ount (enter 25% (	of line 1f)			53,553.					
h Subtract line 1g from line 1		,			0.					
i Subtract line 1f from line 1					0.					
j If there is an amount other			lino 1i, did the organiz		0.					
reporting section 4911 tax					[	Yes No				
			eraging Period Under	• •						
(Some organiza				have to complete all	of the five columns b	elow.				
			ate instructions for li	• •						
	Lob	bying Expe	nditures During 4-Ye	ar Averaging Period						
Calendar year (or fiscal year beginning in	) <b>(a)</b>	2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	(e) Total				
2a Lobbying nontaxable amou	unt			211,695.	214,212.	425,907.				
<b>b</b> Lobbying ceiling amount										
(150% of line 2a, column(e)	))					638,861.				
c Total lobbying expenditure	s			47,148.	55,593.	102,741.				
	-			,	,	,				
d Grassroots nontaxable amo	ount			52,924.	53,553.	106,477.				
e Grassroots ceiling amount										
(150% of line 2d, column (e	e))					159,716.				
f Grassroots lobbying expen	nditures			39,648.	25,593.	65,241.				

Schedule C (Form 990) 2021

132042 11-03-21

#### MARIJUANA POLICY PROJECT FOUNDATION

# 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	a)	(t	o)
of the	e lobbying activity.	Yes	No	Amo	ount
1	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:				
a	Volunteers?				
	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?				
	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		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OF	R (b) Part	III-A, lin	e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the 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				
	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-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.



Name of the organization

MARIJUANA POLICY PROJECT FOUNDATION

Employer identification number 52-1975211

Par			s or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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	writing that the assets held in donor advis	sed func	ls et
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used o	nly
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferr	ing
Par		÷	Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea			rically important land area
	Protection of natural habitat	Preservation of	f a certifi	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a cor	nservation easement on the last Held at the End of the Tax Year
	day of the tax year.			
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic str		F	<u>2c</u>
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organı	zation during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			Yes No
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,			
0		narioling of violations, and emorcing con	ISEIVALIO	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation eas	sements during the year
	S			serie during the year
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170	)(h)(4)(B)	)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	nents tha	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pu			ice of public
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, historical tre		al gain, p	Drovide
	the following amounts required to be reported under FASB A			
	Revenue included on Form 990, Part VIII, line 1			
-	Assets included in Form 990, Part X			\$ Schodulo D (Form 000) 2021
	For Paperwork Reduction Act Notice, see the Instruction	S 101 FORM 990.		Schedule D (Form 990) 2021
132051	10-28-21	29		

06461012 793927 17692F

General section constraints accusation, accession, and other records, check any of the following that make significant use of its     collection tens (check all that apply):		dule D (Form 990) 2021 MARIJUA t III Organizations Maintaining C	NA POLICY								1 Page 2
collection terms (check all that apply): <ul> <li>Collection terms (check all that apply):</li> <li>Scholarly research</li> <li>Collection terms (check all that apply):</li> <li>Provide a decemption of the organization scolections and explain how they further the organization's exempt purpose in Part XIII.</li> </ul> <li>During the year, did the organization scolections and explain how they further the organization scolection?</li> <li>Yee: No</li> <li>Part VI Escrow and Custodial Arrangements. Complete if the organization collection?</li> <li>Yee: No</li> <li>Part VI Escrow and Custodial arrangements. Complete if the organization answered "Yee" on Form 990, Part IV, line 8, or resported an amount on Form 990, Part X, line 21.</li> <li>Is the organization and part, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.</li> <li>Is the organization and part.</li> <li>Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.</li> <li>Distributions during the year</li> <li>Distributions during the year</li> <li>Int 'yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.</li> <li>Part VI Endowment Funds. Complete if the organization scient on 990, Part XIII.</li> <li>Part VI Endowment I (Part XIII. Check here if the explanation has been provided on Part XIII.</li> <li>Part VI Endowment I (Part XIII. Check here if the explanation has been provided on Part XIII.</li> <li>Part VI Endowment I (Part XIII. Check here if the explanation has been provided on Part XIII.</li> <li>Part VI (Part Areagement in Part XIII. Check here if the explanation has been provided on Part XIII.</li> <li>Part VI (Part Areagement in Part XIIII. Check here if the explanation has been provi</li>	3			-							,
b       Scholary research       e       Other					2	Ū		•			
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, histocical treasures, or other similar assets         10       be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 980, Part K, line 9, or         11       Teported an amount on Form 990, Part X, line 21.         12       Is the organization angent; trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         13       Is the organization angent; trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         14       Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?         25       Dot the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?         26       Defining balance         27       End/Owment FundS. Complete if the organization naweed 'Yes' on Form 990, Part X, line 21.         28       Dot the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Ves         28       Dot the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       No	а	Public exhibition	c	I 🗌 Lo	an or excl	hange progra	am				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization scollection?     Part W escrow and a sent. It uses, custodian or other intermediary for contributions or other assets not included on form 900, Part X, line 21.     Amount     defining balance     defi	b	Scholarly research	e	e 🗌 Ot	her						
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization is collection?       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, fustake, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP.       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Ic       Amount         c       Beginning balance       Id	с	Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 980, Part X, line 21.       1a Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation answered 'Yes' on Form 990, Part IV, line 10.       Image: Solar V image:	4	Provide a description of the organization's co	ollections and explai	in how they	/ further tl	he organizati	ion's exer	npt purpc	se in Par	XIII.	
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise on the standard or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise on the standard or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise on the standard or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise on the standard or other intermediary for contributions or other assets not included an amount on Form 990, Part X, line 21, for escrow or custolial account liability?       Ves       No         b If 'Yes', explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII       Pert V       Index on Part XIII       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Interve if (b) Prior year       (c) Two years back (d) Three years back (e) Four years back and programs.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (e) Four years back in a dynamic standard percentage on lines (d), and the possession of the organization answered 'Yes' on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year end balance (line 1g, column (a)) held as:       (a) Current year endownent }       (b) Porenavent asthe endownent }       (c) Four year)	5	During the year, did the organization solicit of	or receive donations	of art, histo	orical trea	sures, or oth	er similar	assets		_	
reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrew or custodial account liability?         c Beginning balance       1c         d Additions during the year       1e         2 Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes         Part V       Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes         Part V       Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes         la Beginning of year balance       (a) Current year       (b) Prior year (c) Two years back       (c) Four years back         la Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Four years back         la Contributions       (a) Current year end balance (line 1g, column (a)) held as:       a       Board designated or quasilendowment >       %         la Bead designated or quasilendow ment >       %       %       Second designated or quasilendowment >       3a(0)         la Are there endowment purces and should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization											
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If 'Ves,'' explain the arrangement in Part XIII and complete the following table:       Amount       16       Amount         c       Beginning balance       16       14       16       14         c       Distributions during the year       16       14       16       14         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability?       Yes       No       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Part X (e) Four years back (e) Four years back (e) Four years back (e) Four years back for drants or scholarships.       Image: Part X (e) Four years back (e) Four years back (e) Four years back for drants or scholarships.       Image: Part X (e) Four years back (e) Four years back for drants or scholarships.       Image: Part X (e) Four years back for drants or scholarships.       Image: Part X (e) Four years back for drants or scholarships.       Image: Part X (e) Four years back for drants or scholarships.       Image: Part X (e) Four years back for drants or scholarships.       Image: Part X (e) Four years back for drants or scholarships.       Image: Part X (e) Four years back for drants or scholarships.       <	Pa		-	ete if the o	rganizatio	n answered	"Yes" on	Form 990	), Part IV,	line 9, or	
on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         la Beginning of year balance       (a) Current year       (b) Prior year       (c) Three years back (e) Four years back         la Beginning of year balance       (a) Current year       (b) Prior year       (c) Three years back (e) Four years back         la Beginning of year balance       (a) Current year       (b) Prior year       (c) Three years back (e) Four years back         la Beginning of year balance       (a) Current year (b) Prior year       (b) Prior year       (c) Three years back         la Check beginnete endowment \b       5%       Secret balance       (c) Three years back         g End of year balance       5%       Secret balance       (c) Three years back (e) Four year         la Provide the estimated percentage of the current year end balanc											
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a			-						1	
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         f       Ending balance       If         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Check here if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Check here if the organization answered 'Yes' on Form 990, Part IV, line 10.         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (c) Two years back (c) Two years back (c) Four years back in the provement space in the organization answered 'Yes' on Form 990, Part IV, line 10.         a       Contributions									L	Yes	└── No
c       Beginning balance       1c         d       Additions during the year       1d         d       Ending balance       1d         d       Ending balance       1f         2a       Distributions during the year       1f         1d       Image: the second se	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tab	ole:			<b></b>		A	
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a drinintstrative expenses       (a) Current year end balance       (ine 1g, column (a)) held as:       (a) Current year end balance       (ine 1g, column (a)) held as:         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       (a) Case indow ment b       (b) Four years back       (c) Term endowment b       (c) Term endowment b       (c) So year yea         2 Provide the est										Amoun	[
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Contributions											
f       Ending balance											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions               c Net investment earnings, gains, and losses               e Other expenditures for facilities											
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (c) Two years back       (c) Two years back       (e) Four years back         a       Other expenditures for facilities       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (c) Two years back       (d) Three years back       (e) Four years         g       End of year balance       (c) Two years back       (f) Three years back       (f) Three years back								·		Vac	No
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         c       Other expenditures for facilities       (a) Current year end balance (line 1g, column (a) held as:       (a) Contribution       (c) Term endowment       (c) Term endowm		-						• • • • • • • • •			
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance											
1a Beginning of year balance   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs interpretation   f Administrative expenses   g End of year balance   i interpretation   g Ford of year balance   i interpretation   g interpretation   g interpretation   g interpretation   method interpretation   g									ears back	(e) Four	years back
b       Contributions	1a	Beginning of year balance								. ,	-
c       Net investment earnings, gains, and losses											
d Grants or scholarships											
e       Other expenditures for facilities and programs											
f       Administrative expenses											
f       Administrative expenses		and programs									
g End of year balance	f										
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         mthe percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment ▶%         (i)       Unrelated organizations         (ii)       Unrelated organizations         (iii)       Related organizations         (ii)       Related organizations         (iii)       Related organizations         (iii)       Related organizations         (iii)       Related organizations is sted as required on Schedule R?         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other         basis (investment)       basis (other)         depreciation       depreciation         1a       Land         bauidings											
b       Permanent endowment ▶      %         c       Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-		rent year end baland	ce (line 1g,	column (a	a)) held as:					
c       Term endowment       >         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) ag(ii) are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property         (a) Cost or other basis (other)               b Buildings                c Leasehold improvements             866,102.               4 Equipment             41,031.               5 Buildings                6 Other             606.               6 Other             41,031.               6 Other             606.	а	Board designated or quasi-endowment		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or 0.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(e) Other</li> <li>(f) Solution</li>             &lt;</ul>	b	Permanent endowment	%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         1a Land       b Buildings         c Leasehold improvements       866, 102.       184, 614.       681, 488.         d Equipment       41, 031.       39, 606.       1, 425.	с	Term endowment	%								
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other (b) Cost (c) Accumulated (c) Accumulat											
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       5         b Buildings       5         c Leasehold improvements       866,102.       184,614.         d Equipment       41,031.       39,606.       1,425.	3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	are held a	nd administe	ered for th	ne organiz	ation	г	
(ii)       Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         Part VI       Land, Buildings, and Equipment.       3b       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings       5b         c       Leasehold improvements       866, 102.       184, 614.       681, 488.         d       Equipment       41, 031.       39, 606.       1, 425.		-									Yes No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land											
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       Land       Land       (d) Book value         b       Buildings       Leasehold improvements       866, 102.       184, 614.       681, 488.         d       Equipment       41, 031.       39, 606.       1, 425.		(ii) Related organizations									
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land										3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	-			owment tur	nas.						
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	1 0			0 Part IV I	ine 11a S	See Form 990	) Part X	line 10			
basis (investment)         basis (other)         depreciation           1a Land             b Buildings             c Leasehold improvements         866,102.         184,614.           d Equipment         41,031.         39,606.         1,425.           e Other		-							d		k valuo
1a Land		Description of property	. ,		• •		• • •			<b>(u)</b> 000	N VAIUE
b Buildings	1a	l and	· · · · ·	,	22010		dop				
c Leasehold improvements       866,102.       184,614.       681,488.         d Equipment       41,031.       39,606.       1,425.         e Other       1       1       1											
d Equipment 41,031. 39,606. 1,425.					86	6,102.	1	.84,61	14.	68	1,488.
e Other						-					
						-		-			-
				X, column	(B), line 1	0c.)				68	2,913.

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D (Form 990) 202	1 MARIJUANA P	OLICY PROJECT	FOUNDATION	52-1975211 Page <b>3</b>
	ts - Other Securities.			
Complete if the	e organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, lin	ie 12.
(a) Description of security or	category (including name of security)	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1) Financial derivatives				
	rests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	m 990, Part X, col. (B) line 12.)			
	ts - Program Related.	an Fairm 000 David IV/ lines	11a Cas Farma 000 Davit V lin	- 10
	e organization answered "Yes" on of investment	(b) Book value		Cost or end-of-year market value
	on or investment	(D) DOOK value		Jost of end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	m 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Asse				
	e organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990. Part X. lin	le 15.
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ual Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liab	ilities.			· · · · · ·
Complete if the	e organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Par	rt X, line 25.
1.	(a) Description of liability			(b) Book value
(1) Federal income tax	es			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equ	ual Form 990, Part X, col. (B) lin	e 25.)		
2. Liability for uncertain ta	x positions. In Part XIII, provide	e the text of the footnote to	the organization's financial st	
organization's liability fo	or uncertain tax positions unde	FASB ASC 740. Check he	ere if the text of the footnote h	as been provided in Part XIII X

(Form 990) 2021	Schedule D (Form
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132053 10-28-21

che	dule D	(Form 990) 2021	MARIJUANA	POLICY	PROJECT	FOUNDA	FION	52-1	975211	Page <b>4</b>
Pai	t XI	Reconciliation o	f Revenue per A	Audited Fin	ancial State	ments Witl	h Revenue per F	Return.		
		Complete if the organ	ization answered "Ye	es" on Form 9	90, Part IV, line 1	2a.				
1	Total r	revenue, gains, and oth	ner support per audit	ed financial st	atements			1		
2	Amou	nts included on line 1 k	out not on Form 990,	Part VIII, line	12:					
а	Net ur	nrealized gains (losses)	on investments			2a				
b	Donat	ed services and use of	facilities			2b				
с	Recov	veries of prior year gran	its			2c				
d	Other	(Describe in Part XIII.)				2d				
е	Add lii	nes 2a through 2d						2e		
		act line <b>2e</b> from line <b>1</b>						3		
4	Amou	nts included on Form 9	990, Part VIII, line 12,	but not on line	e 1:					
а	Invest	ment expenses not inc	luded on Form 990,	Part VIII, line 7	'b	4a				
b	Other	(Describe in Part XIII.)				4b				
с	Add lir	nes <b>4a</b> and <b>4b</b>						4c		
		revenue. Add lines <b>3</b> ar						5		
Pa	rt XII	Reconciliation o	f Expenses per	Audited Fi	nancial State	ements Wit	th Expenses per	Retur	n.	

Complete if the	organization	aneworod "Vo	e" on Form	000 D-	rt IV line 12a
CONDERNIE	Organization	answered te	S OH FOHH	33U. FC	

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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses	2c		
	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				
Pa	t 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:

Schedule D

Part XI

Total Part XII

THE ORGANIZATION BELIEVES THAT IT 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	Fun	drais	ing or Gaming	Acti	vities	O	MB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the		2021
Department of the Treasury Internal Revenue Service	•	Attach to Form 990							Open to Public
Name of the organizatio		to www.irs.gov/Form990 for instr	uction	is and	I the latest informat	ion.	Employer		ntification number
		NA POLICY PROJECT	FOU	NDA	TION		52-19		
	complete this par	<ul> <li>Complete if the organization answer t.</li> </ul>	ered "\	'es" o	n Form 990, Part IV,	line 1	7. Form 990	0-EZ	filers are not
a 🛄 Mail solicita	tions email solicitations tations		tion of tion of	non-g gover	overnment grants				
key employees list	ed in Form 990, P highest paid indi <sup>n</sup>	or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu e organization.	orofess	ional f	fundraising services?	)	X		e No
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundi have c or cor contrib	trol of	(iv) Gross receipts from activity	tò (c	Amount pai or retained b fundraiser ted in col. <b>(i</b>	oy)	(vi) Amount paid to (or retained by) organization
RISING TIDE INTERA			Yes	No					
- 1250 H STREET NW CULTURE OF GIVING	,	DIGITAL FUNDRAISING		X	0.		90,0	00.	-90,000.
BOX 27, KITTERY PO		FUNDRAISING CONSULTANT		х	0.		18,0	00.	-18,000.
								_	
Total							108,0	00.	-108,000.
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrik	oution	s or has been notified	d it is	exempt fro	m re	gistration

Schedule G (Form 990) 2021

132081 10-21-21

Part II
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 Schedule G (Form 990) 2021
 MARIJUANA
 POLICY
 PROJECT
 FOUNDATION
 52-1975211
 Page

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts				
R(	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
0	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E)	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				<u> </u>
	10	Direct expense summary. Add lines 4 through			►	
	11	Net income summary. Subtract line 10 from li				
Pa	irt		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		· · · · · · · · · · · · · · · · · · ·	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Add lines 2 through	ז 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
0	En	ter the state(s) in which the organization condu	ista gaming astivitios:			
9		the organization licensed to conduct gaming ac		states?		Yes No
		No," explain:		514103		
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
13208	82 1	0-21-21			Sche	dule G (Form 990) 2021

Schedule G (Fo	orm 990) 2021	MARIJUA	ANA PO	DLICY PR	OJECT FO	UNDAT TO	N	77-T	975	211	Pa
11 Does the	organization conc	duct gaming activities	with nonn	nembers?						Yes	
-	-	or, beneficiary or trust			-	-	-				
		ming?								Yes	
		gaming activity condu							13a		
		ss of the person who p							100		
Name 🕨											
Address	►										
15a Does the o	organization have	e a contract with a thir	rd party fro	om whom the o	rganization rece	ives gaming re	venue?			Yes	
<b>b</b> If "Yes," e	enter the amount of	of gaming revenue red	ceived by	the organizatio	n 🕨 \$	а	nd the an	nount			
		by the third party									
c If "Yes," e	nter name and ac	ddress of the third par	rty:								
Name 🕨											
Address	►										
<b>16</b> Gaming m	nanager informatio										
Name 🕨											
Gaming m		sation 🕨 \$									
Garning fr	lanager compens	• • • •		_							
Descriptio	on of services pro	vided 🕨									
Dir	ector/officer	Employee	е	🗌 Indep	endent contract	or					
	y distributions:		-1								
0	state gaming lice	d under state law to m			0	•			$\square$	Yes	
		utions required under			ed to other exem			nt in the		100	
		activities during the t				1 5	•				
		Information. Prov					s (iii) and (	v); and Pa	rt III, lii	nes 9, 9	9b,
15	5b, 15c, 16, and 1	17b, as applicable. Als	so provide	any additional	information. See	e instructions.					
SCHEDULI	E G, PART	'I, LINE 2E	3, LIS	ST OF TE	N HIGHES	T PAID	FUNDR	AISER	S:		
(I) NAMI	E OF FUND	RAISER: RIS	SING 1	TIDE INT	ERACTIVE	, LLC					
		WAISER: RIS	SING 1	FIDE INT	ERACTIVE	, LLC					
I) ADDI	RESS OF F					2, LLC					
I) ADDI	RESS OF F	UNDRAISER:									
(I) ADDH 250 H \$	RESS OF F STREET NW	UNDRAISER:	), WAS	SHINGTON	, DC 20						
(I) ADDH 1250 H S (I) NAMH	RESS OF F STREET NW E OF FUND	UNDRAISER:	), WAS	SHINGTON OF GIVI	, DC 20 NG BACK	005	ME	03905			
(I) ADDH L250 H \$ (I) NAMH (I) ADDH	RESS OF F STREET NW E OF FUND	UNDRAISER: 7, SUITE 200 PRAISER: CUI	), WAS	SHINGTON OF GIVI	, DC 20 NG BACK KITTERY	005	ME	03905 Schedu		Form §	
(I) ADDH 1250 H \$ (I) NAMH (I) ADDH	RESS OF F STREET NW E OF FUND	UNDRAISER: 7, SUITE 200 PRAISER: CUI	), WAS LTURE P.O.	OF GIVI BOX 27,	, DC 20 NG BACK	0005 POINT,		Schedu	ule G (		

Schedule G	(Form 990)	MARIJUANA	POLICY	PROJECT	FOUNDATION	52-1975211	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)					
						Schedule G (Fo	rm 0001
132084 11-18-2	21					Schedule & (FU	, in 330)
				36			

SCHEDULE I (Form 990)		Compl 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>	d Other Assistance to Organizations, ts, and Individuals in the United State anization answered "Yes" on Form 990, Part IV, line 21 o	ce to Organi s in the Unit on Form 990, Par	zations, ed 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 FOUN	FOUNDATION				Employer identification number 52-1975211
Part I General In	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
ŝ	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for moni	toring the use of grant	funds in the United	l States.			
Part II Grants an recipient th	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.	Domestic Organi 55,000. Part II car	izations and Domestic be duplicated if additi	c Governments. Co ional 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 gov	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE ALLYANCE P.O. BOX 29823 OAKLAND, CA 94604	स	61-1920228	501(C)(3)	15,000.	.0			GIFT FOR MEMBERSHIP
<ul><li>2 Enter total numb</li><li>3 Enter total numb</li></ul>	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	nd government or s listed in the line	ganizations listed in the 1 table	e line 1 table				
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	tions for Form 990.					Schedule I (Form 990) 2021

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Schedule I (Form 990) 2021 MARIJUANA POLICY		PROJECT FOUNDATION	NO		52-1975211 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	organization answe	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 Part I, line 2; Part III, column (b); and any other additional information.	l quired in Part I, lin	e 2; Part III, column	l (b); and any other ac	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		38			Schedule I (Form 990) 2021

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21	
	-	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZU		1
Dena	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organization		Employer i			mber
		MARIJUANA POLICY PROJECT FOUNDATION	52-1	97521	1	
Pa	rt I Questions	Regarding Compensation				
					Yes	No
а		te box(es) if the organization provided any of the following to or for a person listed on Form	1990,			
		ine 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or cl					
	·	ation and gross-up payments Health or social club dues or initiation fee				
		pending account Personal services (such as maid, chauffel				
			ur, criei)			
h	If any of the boxes o	n line 1a are checked, did the organization follow a written policy regarding payment or				
D	,	ovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
_	•	s, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
		-, -, -, -, -, -, -, -, -, -, -, -, -, -				
3	Indicate which, if an	y, of the following the organization used to establish the compensation of the organization'	s			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	establish compensa	tion of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee Written employment contract				
	Independent co	ompensation consultant Compensation survey or study				
	Form 990 of ot	ner organizations Approval by the board or compensation of	committee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a rela					37
a		e payment or change-of-control payment?				X X
b		eive payment from a supplemental nonqualified retirement plan?				X
С		eive payment from an equity-based compensation arrangement?		4c		
	If "Yes" to any of line	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(a)	(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
Б		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
5	contingent on the re					
а	e e			5a		x
		ition?				X
-		5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the ne					
а	The organization?	-		6a		X
		tion?				Х
		6b, describe in Part III.				
7	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
	not described on lin	es 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts r	eported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the			
	initial contract except	otion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?				
LHA	For Paperwork Re	duction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n <b>990</b> )	) 2021

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Schedule J (Form 990) 2021 MARIJUANA	IUA	NA POLICY I	PROJECT FOUNDATION	UNDATION	52-1975211	211		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii)	pe re	yees, and Highest C ported on Schedule	<b>compensated Emp</b> l J, report compensat	loyees. Use duplicat ion from the organiz	e copies if additional : ation on row (i) and fr	space is needed. om related organizatio	ns, described in the ins	tructions, on row (ii).
Do not list any individuals that aren't listed on Form 990, Part VII. Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	orm s ed inc	учо, гап vII. dividual must equal th	ne total amount of F	orm 990, Part VII, S	ection A, line 1a, appli	cable column (D) and (	(E) amounts for that inc	ividual.
		(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	(D) 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	• 0	•0	.0	•0	.0	•0	•0
EXECUTIVE DIRECTOR	) (j)	230,403.	20,000.	.0	9,862.	11,690	271,955	•0
(2) CHRIS LINDSEY, DIRECTOR OF	Ξ			0.				•0
GOVERNMENT RELATIONS	(ii)	138,919.	1,000.	0.	5,327.	9,17	154,41	•0
(3) NATASHA OLINGER CHIEF OF STAFF	(i)	0. 141.331.	1,000.	0.0	0. 5.234.	5,866.	153.431.	• 0
	3				-			
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	ii)							
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Schedule J (Form 990) 2021 MARIJUANA POLICY PROJECT FOUNDATION	52-1975211 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.	part for any additional information.
PART I, LINE 3:	
THE ORGANIZATION'S OFFICERS ARE PAID BY MARIJUANA POLICY PROJECT, A RELATED	
ORGANIZATION. THE BOARD OF DIRECTORS APPROVES THE EXECUTIVE DIRECTORS	
COMPENSATION WHEN THEY APPROVE THE BUDGET EACH YEAR. THE OTHER OFFICER'S	
SALARIES ARE APPROVED BY THE EXECUTIVE DIRECTOR EACH YEAR.	
	Schedule J (Form 990) 2021

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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.

OMB No 1545-0047 **Open to Public** Inspection Employer identification number

52-1975211

MARIJUANA POLICY PROJECT FOUNDATION

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

ALCOHOL, 2) MARIJUANA EDUCATION IS HONEST AND REALISTIC, AND 3)

TREATMENT FOR PROBLEM MARIJUANA USERS IS NON-COERCIVE AND GEARED TOWARD

**REDUCING HARM.** 

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

THE 990 IS REVIEWED BY THE CHIEF OF STAFF AND THE EXECUTIVE DIRECTOR PRIOR

TO FILING. A COPY IS ALSO PROVIDED TO THE BOARD MEMBERS AND ALL OTHERS 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,MA,MD,MI,MN,MS,NC,NH,NJ,NM,NY,OR,PA,RI,SC TN,UT,VA,WI,WV

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

MPP FOUNDATION'S DOCUMENTS ARE MAINTAINED IN THE ORGANIZATION'S

HEADQUARTERS IN THE DISTRICT OF COLUMBIA. THE MPP FOUNDATION STAFF MAILS

THE DOCUMENTS TO INTERESTED PERSONS, UPON REQUEST, VIA THE U.S. POSTAL

SERVICE. IN ADDITION, MPP FOUNDATION POSTS ITS FORM 990 ON THE

ORGANIZATION'S WEBSITE. FINALLY, MPP FOUNDATION ALSO POSTS ITS ANNUAL

REPORT ON THE ORGANIZATION'S WEBSITE.

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

Schedule O (Form 990) 2021

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06461012 793927 17692F

SCHEDULE R (Form 990) Department of the T Internal Revenue Se	easury Mice	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.	ions and Unrelated Pa ered "Yes" on Form 990, Part IV, ▶ Attach to Form 990. n990 for instructions and the late	r <b>tnerships</b> line 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	CY PROJECT FOUNDATION	NOI			Employer ident 52-1975	Employer identification number 52-1975211
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	Ö			
	<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	r Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations. Complete if organizations during the tax year.	ations. 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-e	xempt
	<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
MARIJUANA P 2370 CHAMPLL WASHINGTON,	MARIJUANA POLICY PROJECT - 52-1911644 2370 CHAMPLAIN STREET NW, #12 WASHINGTON, DC 20009	LOBBYING AND BALLOT INITIATIVES	DISTRICT OF COLUMBIA	501(C)(4)		N/A	
For Pap	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule	Schedule R (Form 990) 2021

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Schedule R (Form 990) 2021 MAR LJUANA POI	POLICY PRO	PROJECT FOUNI	FOUNDATION	T FOUNDATION 52–1975211 52 Complete if the organization answered "Yes" on Form 990 Part IV line 34 because if had one or more related	'es" on Form 99(	Dart IV line	34 herau	52–19 se it had one or r	-1975211	Page 2
organizations treated as a partnership during the tax year.	he tax year.					, r ai t i v, iii i c	01, 00040			5
(a) (b) Name, address, and EIN Primary activity of related organization	ty Legal domicile (state or foreign country)	(a) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	<b>(g)</b> 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? <b>Yes No</b>	(j) (k) General or Percentage managing ownership Ves No
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	able as a Corp	oration or Trust. C	omplete if the	e organization ans	wered "Yes" on	Form 990, Pc	art IV, line 3	4, because it had	d one or T	lore related
organizations treated as a corporation or trust during the tax year.	during the tax	year.	_	1		-	-	-		
(a) Name, address, and EIN of related organization	Prin	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<ul> <li>(f)</li> <li>(f)</li> <li>Share of total</li> <li>income</li> </ul>		(g) Share of P end-of-year o assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
			44					Schedi	ule R (For	Schedule R (Form 990) 2021

FOUNDATION	
PROJECT	
POLICY	
MARIJUANA	
Schedule R (Form 990) 2021	

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	s 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?	s with one or more re	lated organizations listed	in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				<b>1</b> a	X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	×
်လ				1c	×
				1d X	
				1e	×
				Ť	×
				=	\$
g Sale of assets to related organization(s)				1g	×
h Purchase of assets from related organization(s)				1h	×
i Exchange of assets with related organization(s)				1i	
j Lease of facilities, equipment, or other assets to related organization(s)				1j X	
				;	۶
				¥	4 :
	inization(s)			=	~
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			<u>۽</u>	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			+	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10 X	
				-	Þ
p Heimbursement paid to related organization(s) for expenses				d٢	4
<b>q</b> Reimbursement paid by related organization(s) for expenses				þ	~
					۵
				+	4
s Other transfer of cash or property from related organization(s)				1s X	_
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.	ho must complete th	iis 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	volved	
(1) MARIJUANA POLICY PROJECT	0	953,772.	COST		
(2)					
(3)					
(4)					
(5)					
(6)					
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Page 4		(enue)	(k) ercentage ownership				Schedule R (Form 990) 2021
11		ss rev	No C				or m
52.		r gros	(j) General or partner? Ves No				B (F
52-1975211		y total assets o	(i) (j) (k) Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) ves No				Schedule
		easured b	(h) Dispropor- tionate allocations?				
	37.	t of its activities (me	(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.?				
FOUNDATION	the organization answered "Yes" on Form 990, Part IV, line 37	he organization condu estment partnerships.	Predominant income (related, unrelated, unrelated, excluded from tax under sections 512-514)				
PROJECT FOI	mplete if the organi	nip through which t sion for certain inve	(c) Legal domicile (state or foreign country)				
POLICY	o <b>le as a Partnership.</b> Co	ntity taxed as a partnersl tructions regarding exclu	<b>(b)</b> Primary activity				
Schedule R (Form 990) 2021 MARIJUANA	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				

### Part VII | Supplemental Information

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

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