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PO BOX 7/492 CAPTTOL HILL, WASHINGTON, DC-2 2 H(b) / 2 Tax-exempt status: 501(c)(3) \$501(c)(4) ◆ (insert no.) 4947(a)(1) or 1 527 Website: WWW.MPP.ORG H(c) C Form of organization: IX Corporation Trust Association Other L Year of forma art I Summary 1 Bneffy describe the organization's mission or most significant activities: THE_FOCUS AND ORGANIZATION IS TO END MARIJUANA PROHIBERTION [BAC DY 2 Check this box If the organization discontinued its operations of disposed or more than-2 Number of voting members of the governing body (Part VI, line 1a) MAY 2 8 2019 Total number of individuals employed in calendar year 2016 (Part V, line 2e) MAY 2 8 2019 Total number of volunteers (estimate if necessary)	f "No," attach a Group exemption ton: 1995 M MISSION DBBYING 2 5% of ts net ass 0 4 5 6 7a 7b or Year 312,037.	Ist. (see instructions) number State of legal domicile: OF THE AND sets. Current Year 4,521,93
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14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,649.	4,676,46
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,000.	13,00
	0.	4 000 00
1 16a Drotossional fundraising foos (Dart IV, column (A), line 11a)	<u>61,638.</u>	1,082,07
	0.	
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 217,039.	74 076	2 474 50
	74,976.	<u>3,474,50</u> 4,569,58
		106,87
19 Revenue less expenses Subtract line 18 from line 12	82,035. of Gurrent Year	End of Year
20 Total assets (Part X, line 16) Beginning 21 Total liabilities (Part X, line 26) 1 22 Net assets or fund balances. Subtract line 21 from line 20	90,642.	End of Year 56,93
21 Total liabilities (Part X, line 16)	60,916.	34,84
22 Net assets or fund balances. Subtract line 21 from line 20	70,274.	
art II Signature Block		
ter penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and	to the best of my	knowledge and belief, t
a, correct, and complete Declaration of preparer (ytes that officer) is based on all information of which preparer has any		
100 CD		
n Signature of officer	Date 3	liclid
re MATTHEW SCHWEICH, EXECUTIVE DIRECTOR	3	112110
Type or print name and title	·····	
Print/Type preparer's name Preparer's Signature Date	2018 it	PTIN
MATTHEW T. HALEY	2010 self-employed	
parer Firm's name HALEY & ASSOCIATES, LLC	Firm's EIN 🛌	55-0810153
Only Firm's address 5000 SUNNYSIDE AVENUE #300	1	
BELTSVILLE, MD 20705		L-595-5600
y the IRS discuss this return with the preparer shown above? (see instructions)	Phone no.301	. X Yes

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For	n 990 (2016) MARIJUANA POLICY PROJECT	52-1911644	Page 2
	It III Statement of Program Service Accomplishments		
•	Check if Schedule O contains a response or note to any line in this Part III	····	X
1	Briefly describe the organization's mission: MPP'S MISSION IS TO REGULATE MARIJUANA SIMILARLY TO ALCO UNITED STATES. TO THIS END, MPP PURSUES FOUR STRATEGIES PUBLIC SUPPORT FOR NON-PUNITIVE, NON-COERCIVE MARIJUANA IDENTIFY AND ACTIVATE SUPPORTERS OF NON-PUNITIVE, NON-CO	: (1) INCREA POLICIES; (SE 2)
2	Did the organization undertake any significant program services during the year which were not listed on the		
3	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?		X No
	If "Yes," describe these changes on Schedule O.	•	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported.	ers, the total expenses,	
4a	(Code) (Expenses \$ /13,1/4. Including grants of \$) (Revenue STATE & FEDERAL LEGALIZATION INITIATIVES-OHIO: IN PARTN)		, <u> </u>
	COALITION OF MEDICAL-MARIJUANA DISPENSARIES AND OTHER S' THE SPECIFIED STATE MPP CAMPAIGNS TO PLACE MARIJUANA-LEG INITIATIVE ON THE STATEWIDE BALLOTS.	TAKEHOLDERS	
		` `	
		•	
4b	(Code) (Expenses \$ 1,309,968. including grants of \$) (Revenue STATE LEGALIZATION INITIATIVES ARIZONA-: IN PARTNERSHIP COALITION OF MEDICAL-MARIJUANA DISPENSARIES AND OTHER STATE SPECIFIED STATE MPP CAMPAIGNS TO PLACE MARIJUANA-LEGALINITIATIVE ON THE STATEWIDE BALLOTS.	WITH THE TAKEHOLDERS) IN
		·····	<u>.</u>
		······	·
4 C	INCREASE PUBLIC SUPPORT FOR NON-PUNITIVE, NON-COERCIVE I POLICIES, IDENTIFY AND ACTIVATE SUPPORTERS OF NON-PUNIT	BOTH ARENAS MARIJUANA IVE, OF THE OTHE	R
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue S)	
4e	Total program service expenses 4,136,893.		
	· ·	Form 9	90 (2016)

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Form 990 (2016) MARIJUANA POLICY
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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasiendowments? 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		<u>،</u> ۲	
	as applicable.	- `,	· .	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
Ь	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	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	^	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XI is optional	12b		x
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
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	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,			<u>.</u> _
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	X.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	L	X

PROJECT

Form 990 (2016)

52-1911644

Page 3

. <u>Fóm</u>	n 990 (2016) MARIJUANA POLICY PROJECT 52-1	911644	P	age 4
Pa	In IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	·		T
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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			ļ
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
ъ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes, " complete Schedule L, Part I	. 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	. 26		<u>x</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27	1.2.5	A 1553.4
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			認知
-	Instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		নায়ন্ত্র	igya X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28a 28b	· · · ·	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer			<u></u>
v	director, trustee, or direct or indirect owner? 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?			<u> </u>
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			[
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	n?		
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		T	
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	330 ((2016)

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F .e	1990 (2016) MARIJUANA POLICY PROJECT 52-1911	611	. '	age'5
-	1 990 (2016) MARIJUANA POLICY PROJECT 52-1911 rt V/ Statements Regarding Other IRS Filings and Tax Compliance	044	F	age C
1.94	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	常在意	as a	27
b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	節調		教 事
Ŭ	(gambling) winnings to prize winners?	- 3	X	it distri
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	27.34		
20	filed for the calendar year ending with or within the year covered by this return 2a 36			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	nd kaes	X
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	E State	彩燈	题词
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	77 ምክላ	X
		3b		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
ь	If "Yes," enter the name of the foreign country.	18.65	NO.	1883) 1883)
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	劉泽		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ting part and	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6ь	Х	
7	Organizations that may receive deductible contributions under section 170(c).	潮感		% 程
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
ь	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	19 A		影童
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		l'
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	議行	國際	朝時
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	深影	で設立	13. A. S.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	n di		で行い
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1.1	
11	Section 501(c)(12) organizations. Enter	酸酸	いた。	100
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.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	防御		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13 at . 7	派 令
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			- 3
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1.4	30	鬣
	organization is licensed to issue qualified health plans		1201-15	
С	Enter the amount of reserves on hand	1018) Aut		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instru- to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instru-		"No" r	espon	se
	Check if Schedule O contains a response or note to any line in this Part VI	10110/13			X
Sec	tion A. Governing Body and Management	<u> </u>	_		
<u> </u>				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	11	がた		
	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 in Schedule O.			日期	
ь	Enter the number of voting members included in line 1a, above, who are independent	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	other			影響
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct su	pervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	ed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?	[6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one	or			
	more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholder	rs, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the foll	owing:	國新		調読
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?	[8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	e			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cou	de)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	.]	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, aft	iliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ľ			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		<u>12a</u>	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts'		<u>12b</u>	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descri	be			77
	in Schedule O how this was done		12c		<u>X</u>
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	1125233
15	Did the process for determining compensation of the following persons include a review and approval by indep	endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		家会現		2.49 (
а	The organization's CEO, Executive Director, or top management official		15a		X
ь	Other officers or key employees of the organization		15b	W1-3-5	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	L		1. C.	192 AV
	taxable entity during the year?	·	16a	~ 53555	X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partic				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		ų. Į		から
<u></u>	exempt status with respect to such arrangements?		16b		<u> </u>
	tion C. Disclosure		VC	WV	100
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, DC, FL,				, ייש
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	u1(c)(3)s only) a،	vailab	e	
	for public inspection. Indicate how you made these available. Check all that apply	4- 01			
	X Own website Another's website Upon request Other (explain in Schedu				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	erest policy, and	finan	cial	
	statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:			
	THE ORGANIZATION - 202-462-5747	0009			
	CHE COURDILLE O BOD FULL LICE OF CRAMEC	0009		000	100.10
63200	S 11-11-16 SEE SCHEDULE O FOR FULL LIST OF STATES		Form	990	(2016)

Form 990 (2016)	MARIJUANA POLICY PROJECT	<u>52-1911644</u>
Part VII Compens	ation of Officers, Directors, Trustees, Key Employees, Hig	phest Compensated
Employee	es, and Independent Contractors	
Check if Sch	edule O contains a response or note to any line in this Part VII	<u> </u>

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

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

reportable compensation from the organization and any related organizations

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

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

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

(A)	(B)	L.		((C)			(D)	(E)	(F)
Name and Title	Average			Pos	ition	า		Reportable	Reportable	Estimated
	hours per	box	. unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week	offi	cer ar	dad	recto	ar/trus	tee)	from	from related	other
	(list any	ā						the	organizations	compensation
	hours for	1 a				E		organization	(W-2/1099-MISC)	from the
	related	steeo	Trate			ensa		(W-2/1099-MISC)		organization
	organizations	ŝ	nal t		lo ye	le e				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Pamer Former			organizations
(1) JOSEPH PRITZKER	line) 1.00	Ē	ŝ	ð	Š.	美을	<u>Ē</u>			
CHAIR OF BOARD	1.00	x						o.	0.	0.
(2) FRAYDA LEVY	1.00	⊨			-				<u> </u>	<u>v.</u>
VICE CHAIR OF BOARD	1.00	x						o.	0.	0.
(3) JOHN GILMORE	1.00	1				⊢			.	
DIRECTOR OF BOARD	1.00	x	[1			0.	0.	0.
(4) TROY DAYTON	1.00	<u> </u>	┢──			\vdash	-	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
DIRECTOR OF BOARD	1.00	x						0.	ο.	0.
(5) VINCENT TRIPP KEBER	1.00									
DIRECTOR OF BOARD	1.00	x						0.	0.	0.
(6) JON BEACH	1.00									
DIRECTOR OF BOARD	1.00	x			{			0.	0.	0.
(7) PETE KADENS	1.00									
DIRECTOR OF BOARD	1.00	X						0.	0.	0.
(8) CHRIS WOODS	1.00									
DIRECTOR OF BOARD	1.00	X						0.	0.	0.
(9) EMILY PAXHIA	1.00									
DIRECTOR OF BOARD	1.00	X						0.	0.	0.
(10) ROBERT D KAMPIA	30.00]								
SECRETARY OF BOARD	30.00			X				60,063.	128,037.	10,986.
(11) RENE RUIZ	2.00									
TREASURER OF BOARD	2.00			X				0.	0.	0.
						1				
<u> </u>	<u> </u>					Į				
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		{	1		1					
	<u> </u>	╟	-		<u> </u>			<u> </u>		
		1	1		l	1				
		1	1		1	1	1	<u> I</u>	L	L

Form 990 (2016)

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For	7 n 990 (2016)	MARI	JUANA	POLIC	YI	PRO	JJI	EC:	r			52-19	11644 Page 8
		A. Officers, Directo	ors, Trust	ees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)	_
	Na	(A) me and title	,	(B) Average hours per	box	not c , unle	Pos heck ss pe	more rson) than is bot pr/trus	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
			,	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated		from the organızation (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	other compensation from the organization and related organizations
<u> </u>	<u> </u>			<u></u>		_							
<u></u>	<u> </u>			· · · · · · · · · · · · · · · · · · ·					_				
<u> </u>						_							
<u></u>													
	···· ·											<u> </u>	
			_										
		ntinuation sheets to s 1b and 1c)	Part VII,	Section A					.		60,063. 0. 60,063.	128,037 (128,037	0.
2		of individuals (includi from the organizatio	-	t limited to th	ose	liste	d at	0006	e) wt	io re	eceived more than \$100	,000 of reportable	0 Yes No
3	-	zation list any former ; " complete Schedul				e, ke	y en	nplo	yee,	or	highest compensated e	mployee on	3 X
4		ual listed on line 1a, janizations greater th		-							her compensation from	the organization	4 X
5	rendered to the	e organization? If "Ye		-				-		elat	ed organization or indivi	dual for services	5 X
<u>- Sec</u> 1		ident Contractors			done				to		hat received more than	\$100,000 of comp	
•				-	-						n the organization's tax y		ensauon nom
		Name and b	(A)			ONE					(B) Description of s		(C) Compensation
	·												
													,
	• •••••••		<u></u>						<u> </u>	-			
2		of independent contr ompensation from the	•	-	iot li	mite	d to		se lis)	ted	above) who received m	nore than	
·		mpenaauon nom un										44	Form 990 (2016)

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Form	n 99	0 (;	2016) MARIC	JUANA PO	LICY PROJ	ECT		52-1911	644 Page 9
Pa				nue		<u>_</u>		J	
			Check if Schedule O con	tains a respon	se or note to any lu	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns	111					
nno	-		Membership dues		,962,850.				
۵Ĕ			Fundraising events	1c	26,000.				
i i i i i i i i i i i i i i i i i i i			Related organizations	1d					
s E			Government grants (contribut	tions) 1e	•				
Lon Solution		f	All other contributions, gifts, gran	its, and					
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included abo	ive 1f 2	,533,083.				
50		g	Noncash contributions included in lines	s 1a-1f \$					
<u>ठ ह</u>		h	Total. Add lines 1a-1f	<u> </u>	· · · · •	4,521,933.			
					Business Code				
8	2	а		·····					
2 e		b							
N C R		С	<u></u>						
Re		d			<u> </u>	· · · -			
Program Service Revenue		e				· · · · · · · · · · · · · · · · · · ·			
-		f	All other program service reve	enue			AND THE INCOMENTS	STATISTICS AND	THE THE PARTY P
		g		مین در	>		2825 PORT & CORRELANS	ALLES TADA CARCELON, PA	
	3		Investment income (including other similar amounts)	aiviaenas, int	erest, and				
	A		· · · · ·	x-exempt bond			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	 Income from investment of tax-exempt bond pro 5 Royalties 					10,085.	10,085.	· · · · ·	
	5		noyanes	(i) Real	(ii) Personal		STATE OF STREET		
	6	а	Gross rents	(j rical					
	•		Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)		►		Address of the state of the		of the party of the second second second
	7	а	Gross amount from sales of	(i) Securities	s (ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses	25,867					
		С	Gain or (loss)	<25,867	· • >				
			Net gain or (loss)		_ <u></u>	<25,867.	> <25,867.		AND AN EXHIBIT OF A SAFE ALC
enue	8	a	Gross income from fundraisin						
- ě				00. of					
Other Rev			contributions reported on line	e 1c). See	a 57,850.				
her			Part IV, line 18		20 666				
õ			Less: direct expenses Net income or (loss) from funi		- 1	27,184.		ale Cartane Se apr Ale the an ende	27,184.
			Gross income from gaming a	-	° <u>· · · · · · · · · · · · · · · · · · ·</u>	ANT THE THE STREET			
	•	ü	Part IV, line 19	cuviles. dee	а				
		ь	Less: direct expenses		b				
			Net income or (loss) from gan	ning activities	•	that was not exception to the set of the	a national de la construction de la	موارک میں دیکھی ایک بالہ میں اور	Sould blok to service and
			Gross sales of inventory, less	-			STREEP STREEP		
			and allowances		a				
		b	Less: cost of goods sold		b		化合物和内容	招帮。 利用了	
		с	Net Income or (loss) from sale	es of inventory	>				
			Miscellaneous Reveni		Business Code			新教育的主义 在3月	
	11		CAMPAIGN & MISC	: REIMB	525990	143,125.	143,125.		
		b				······	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
		c J						· ···· · ·	
		d	All other revenue		L	143,125.	I ISBN CARACTERISTAN	MATTER STATES SAVE	CLUTH AND EXTENT
	40	e	Total. Add lines 11a-11d Total revenue. See instructions.	• ••		4,676,460.	127,343.	0.	27,184.
83200	12				<u>.</u>	<u>1</u> ,0/0,400.	1 41, 343.	<u> </u>	Earm $990(2016)$

MARIJUANA POLICY PROJECT Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other

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	ion 501(c)(3) and 501(c)(4) organizations must con		her organizations must co	omplete column (A)	
	Check if Schedule O contains a response				<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	13,000.	13,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	,			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
• _	trustees, and key employees	*			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			•	
-	persons described in section 4958(c)(3)(B)	1,012,824.	860,900.	111,411.	40,513.
7	Other salaries and wages	1,012,024.	000,900.		40,515.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,682.	15,030.	707.	1 945
9	Other employee benefits	51,572.	43,836.	2,063.	<u>1,945.</u> 5,673.
9 10	Payroll taxes	51,572.		2,003.	5,075
11	Fees for services (non-employees):		·		
	Management			•	
a b	Legal	2,101.		2,101.	
с С	Accounting	8,000.		8,000.	·····
ď	Lobbying	123,448.	123,448.		
e	Professional fundraising services. See Part IV, line 17		新作品。 一般的新生活的		······································
Ť	Investment management fees	····	AND AND A COMPANY OF THE ADDRESS OF	ACTION TO BUILD AND AND THE PARTY OF AND	
g	Other. (If line 11g amount exceeds 10% of line 25,			·····	
	column (A) amount, list line 11g expenses on Sch 0.)	197,519.	, 148,139.		49,380.
12	Advertising and promotion	130,519.	10,4,415.	•	<u>49,380.</u> 26,104.
13	Office expenses	109,533.	82,151.	27,382.	
14	Information technology	38,027.	28,520.	9,507.	2
15	Royalties				
16	Оссиралсу	24,000.		24,000.	
17	Travel	22,744.	18,195.		4,549.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,604.	4,604.		
20	Interest	3,904.		3,904.	
21	Payments to affiliates	2,617,105.	2,617,105.		
22	Depreciation, depletion, and amortization	9,908.	8,422.	1,090.	396.
23	Insurance	15,602.	Water and a starting to the state of the state	15,602.	و المراجع ال
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)		C1 202		
а	ONLINE SERVICES	84,659.	61,373.	7,943.	15,343.
Ь	LIST RENTALS & MAILINGS	44,056.		1 020	44,056.
C	PRINTING & PUBLICATIONS	38,774.	7,755.	1,939.	29,080.
d					
	All other expenses	A 560 501	1 126 002	31E 640	017 020
25	Total functional expenses. Add lines 1 through 24e	4,569,581.	4,136,893.	215,649.	217,039.
26	Joint costs. Complete this line only if the organization		ļ		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fit following SOP 98-2 (ASC 958-720)				<u></u>

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Form 990 (2016)

Form 990 (2016) Part X Balance Sheet

MARIJUANA POLICY PROJECT

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		Check if Schedule O contains a response or note to any line	in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		45,960.	1	38,055.
	2	Savings and temporary cash investments			2	
	3	Piedges and grants receivable, net	. •		3	
	4 -	Accounts receivable, net			4	۹
	5	Loans and other receivables from current and former officers	s, directors,			
		trustees, key employees, and highest compensated employe	ees. Complete			
	<u>۱</u> ۰	Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons	(as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(E	3), and contributing			
		employers and sponsoring organizations of section 501(c)(9)	voluntary			
ts		employees' beneficiary organizations (see instr). Complete P	art II of Sch L		6	·
Assets	7	Notes and loans receivable, net			7	
۲	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	32,574.		592	
	Ь	Less: accumulated depreciation 10b	14,000.	18,512.	10c	<u>18,574.</u> 302.
	11	Investments - publicly traded securities		26,170.	11	302.
	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			15	
	16 ·	Total assets. Add lines 1 through 15 (must equal line 34)	د 	90,642.	16	56,931.
	17	Accounts payable and accrued expenses		916.	17	20,325.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sc		4 ANTRONA ST. MAR H THE STREET STREET	21	WT FREID STATE WAY IN MANUSCHIM PLAT
ies	22	Loans and other payables to current and former officers, dire				
iit e		key employees, highest compensated employees, and disqu	alified persons.	"你们我们的你的。" 第二章	魏王	
Liabilities		Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrelated third pa		100 000	23	
	24	Unsecured notes and loans payable to unrelated third partie		160,000.	24	
	25	Other liabilities (including federal income tax, payables to rel				·
	[parties, and other liabilities not included on lines 17-24). Con	nplete Part X of	0.	1	14,517.
		Schedule D .	•	160,916.	25	34,842.
	26	Total liabilities. Add lines 17 through 25	re▶ 🗶 and		26	JI, JI.
(P		Organizations that follow SFAS 117 (ASC 958), check her	re▶ L&l and			
čeč	07	complete lines 27 through 29, and lines 33 and 34.	-1	<70,274.	· 127	22,089.
lan	27	Unrestricted net assets	•		28	22,003.
188	28 29	Temporarily restricted net assets Permanently restricted net assets	• ••		28	
nnc	29	Organizations that do not follow SFAS 117 (ASC 958), ch	ock here	·····································	234	NEXT STATES
Net Assets or Fund Balances	1	and complete lines 30 through 34.				
ts a	30	· · · · · ·		and and the second s	30 30	「「「「「「「「「」」」」」
9Se	30	Capital stock or trust principal, or current funds Paid in or capital surplus, or land, building, or equipment fun	·	}	31	
t A:	32	Retained earnings, endowment, accumulated income, or oth	-		32	
Ň	32	Total net assets or fund balances		<70,274.		22,089.
	34	Total liabilities and net assets/fund balances	• •••	90,642.		56,931.
	1.04	Total liabilities and her assers/jund balances	<u> </u>		, 34	50,551

Form 990 (2016)

fom	1990 (2016) MARIJUANA POLICY PROJECT	52-19	11644	Page 12
Pa	ITXI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u>-</u>		<u>. </u>
			4,676	160
1	Total revenue (must equal Part VIII, column (A), line 12)	1	$\frac{4,070}{4,569}$	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>, 381.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		,274.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0</td <td>, 214.</td>	, 214.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6	<u> </u>	
7	Investment expenses	7	-11	E16
8	Prior period adjustments	8	<14	,516.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			000
	column (B))	10		<u>,089.</u>
ka.	ttXII Financial Statements and Reporting			·
	Check if Schedule O contains a response or note to any line in this Part XII			
			Y Lateral at	es 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 in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			調型對
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	Separate basis 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	audit,		調整於
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt		國 翻 近
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		T
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	•
			Form 9	90 (2016)

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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



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 NOT 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	

Name of organization	Employer identification number
MARIJUANA POLICY PROJECT	52-1911644
Part I-A Complete if the organization is exempt under section 501(c) or is	a section 527 organization.
1 Provide a description of the organization's direct and indirect political campaign activities in Part	IV.
2 Political campaign activity expenditures	► s
3 Volunteer hours for political campaign activities	
Port I PI Complete if the execution is even at under costion 501(a)(2)	······································
Part I-B Complete if the organization is exempt under section 501(c)(3).	
 Enter the amount of any excise tax incurred by the organization under section 4955 	► \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	Yes . No
4a Was a correction made?	
b If "Yes," describe in Part IV.	
Part I-C Complete if the organization is exempt under section 501(c), exce	ept section 501(c)(3).
1 Enter the amount directly expended by the filing organization for section 527 exempt function act	tıvıties ►\$
2 Enter the amount of the filing organization's funds contributed to other organizations for section	527
exempt function activities	
3 Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL,	
line 17b	. • • • •
4 Did the filing organization file Form 1120-POL for this year?	Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2016

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Schedule C (Form 990 or 990 EZ) 2016	MARIJUA	NA P	OLICY PROJE	CT .	52-1	911644 Page 2
Part II A Complete if the or section 501(h)).	ganization	is exer	npt under sectio	n 501(c)(3) and fi	led Form 5768 (el	ection under
		o on offi	listed group (and list in		d group member's per	
A Check if the filing organiz expenses, and sha	_			r Part IV each anniated	l group member's nam	e, address, Elix,
			id "limited control" pro	visions apply	,	
· · · · · · · · · · · · · · · · · · ·					(a) Filing	(b) Affiliated group
Lim	its on Lobbyin ditures" mean		nditures nts paid or incurred.)		organization's	totals
(The term "experi-				·	totals	
1a Total lobbying expenditures to inf	luence public o	pinion (g	grass roots lobbying)			
b Total lobbying expenditures to inf	•		ly (direct lobbying)	-		
c Total lobbying expenditures (add) .	•			
d Other exempt purpose expenditu						
 e Total exempt purpose expenditur f Lobbying nontaxable amount. End 	•	,		h columns		
If the amount on line 1e, column (a)			bying nontaxable am		2.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5	
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over						
Over \$1,000,000 but not over \$1,		\$175,000 plus 10% of the excess over \$1,000,000.				
Over \$1,500,000 but not over \$17	,000,000	\$225,000 plus 5% of the excess over \$1,500,000.				
Over \$17,000,000 \$1,000,000						
g Grassroots nontaxable amount (e h Subtract line 1g from line 1a. If ze			. *	•		
i Subtract line 1f from line 1c If zer		-				
j If there is an amount other than ze			ine 1i, did the organiza	ation file Form 4720	······································	
reporting section 4911 tax for this					. [Yes No
			raging Period Under			
(Some organizations t			01(h) election do not Ite instructions for lir		of the five columns b	elow.
			ditures During 4-Yea			
	1	•				
Calendar year (or fiscal year beginning in)	(a) 2013	3	(b) 2014	(c) 2015	(d) 2016	(e) Total
	<u> </u>					
2a Lobbying nontaxable amount	THE MANAGER	的话题:		がおななるのであるのです	KONT THE PARTY OF	
b Lobbying ceiling amount (150% of line 2a, column(e))						
	252-322-209-10-10-10-20-30-20-30-20-30-20-30-20-30-20-20-20-20-20-20-20-20-20-20-20-20-20	52000.001451	1997 200 200 200 200 100 120 9 40 10 2 20 20 20 20 20 20 20 20 20 20 20 20	NESS MACH REAL AND WELFERS	CHONESHINGTON STREET JOINT TO MAKE	
c_Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))			制。路边市场的全部 的	教育をして生産性変換		······································
f Grassroots lobbying expenditures						
- Grassioots lobbying expenditures	<u>''</u>			·····	Schedule C (Form	990 or 990-EZ) 2016

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Schedule C (Form 990 or 990-EZ) 2016 MARIJUANA POLICY PROJECT 52-1911644 Page 3 . Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). .

. •

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	Yes	No	Amo	unt	
 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? 					
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			•		
i Other activities?	SHARIGE VENERAL	STATISTICS AND AND AND A			
j Total. Add lines 1c through 1			SCHOOL STORES	**************************************	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	EN10000 (1000 (1000)	19AMA ACCOUNTER			
b If "Yes," enter the amount of any tax incurred under section 4912			· · · · · ·		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		和影響	201275 NO.C 98	* 5.45 (5955-147)	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	501(-)	(5)	ZA DECEMBER	如天地天空	
Part:III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).		(5), or se			
•			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?	•	1	X		
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?		2		X	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior yea	<u>r? 3</u>		X	
Part/III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ion 501(c) d "No," Ol	(5), or se R (b) Par	t III-A, lin	ne 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 polities expenses for which the section 527(f) tax was paid).	tical				
a Current year		2a	•		
b Carryover from last year		25			
c Total		2c	:		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?		4			
_5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Bart IV Supplemental Information	<u> </u>		<u>ا</u> ــــــــــ		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	in liet): Part I	LA lines 1	and 2 (eee		
instructions); and Part II-B, line 1 Also, complete this part for any additional information	19 11 Sty, 1 Cart 1	FA, 11165 1	and 2 (366		

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632043 11-10-16

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	HEDULE D	Supplement					OMB No 1545-0047
(For	n 990)	Complete if the org Part IV, line 6, 7, 8, 9, 10	anization answere	ed "Yes" on Form 990 d. 11e. 11f 12a or 1	0, 2h.		
	ment of the Treasury		Attach to Form 99	0.		- 000	Open to Public "
	I Revenue Service	▶ Information about Schedule D (Fo	rm 990) and its ins	tructions is at www.			
Nam	e of the organizati	MARIJUANA POLICY F	ROJECT			mpio	yer identification number 52–1911644
Pa	rt I' Organiza	ations Maintaining Donor Advise		her Similar Fund	s or Acc	ount	
		n answered "Yes" on Form 990, Part IV, li					
			· · · · · · · · · · · · · · · · · · ·	dvised funds	(b) I	unds	and other accounts
1	Total number at e	nd of year		,			
2		f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4	Aggregate value a	t end of year					
5	Did the organization	on inform all donors and donor advisors in	writing that the ass	ets held in donor advi	ised funds		
	are the organization	on's property, subject to the organization's	exclusive legal cor	trol?			Yes No
6	Did the organization	on inform all grantees, donors, and donor a	advisors in writing t	nat grant funds can be	e used only	,	
	for charitable purp	oses and not for the benefit of the donor	or donor advisor, or	for any other purpose	e conferring	3	
	impermissible priv		<u> </u>	·····	<u> </u>		Yes No
Par		ation Easements. Complete if the or			Part IV, Im	e 7	<u></u>
1		servation easements held by the organizat					
	[]	of land for public use (e.g., recreation or o	education)	Preservation of a his			
	r	f natural habitat	L	Preservation of a cer	tified histo	nc stri	ucture
		of open space					
2	-	through 2d if the organization held a quali	ified conservation c	ontribution in the form	n of a conse		
	day of the tax year				ŀ		eld at the End of the Tax Year
a _		onservation easements		· .	2		
b	-	ncted by conservation easements			2	-	
		vation easements on a certified historic str			2	<u> </u>	
a		vation easements included in (c) acquired	atter 8/17/06, and 1	tot on a historic struc	1ure 2		
3	listed in the Nation	al negister		d or torminated by th	· · · · · ·		impo the tax
3	year	valion easements modified, transferred, re	eased, exanguishe	d, or terminated by th	le organiza		anny the tax
4		where property subject to conservation ea	sement is located				
5		tion have a written policy regarding the pe					
•		orcement of the conservation easements		opeenen, nanenng er			Yes No
6		r hours devoted to monitoring, inspecting,	•	ns, and enforcing cor	servation e	easem	ents during the year
	•						
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, a	nd enforcing conserv	ation easer	nents	during the year
	▶ \$		-	•			
8	Does each conser	vation easement reported on line 2(d) abo	ve satisfy the requi	ements of section 17	0(h)(4)(B)(i)		
	and section 170(h)	(4)(B)(ii)?					🗌 Yes 🔲 No
9	In Part XIII, descrit	be how the organization reports conservat		revenue and expens	e statemer	nt, and	balance sheet, and
	include, if applicat	ie, the text of the footnote to the organiza	tion's financial state	ements that describes	s the organ	zation	i's accounting for
	conservation ease	ments					
Par		tions Maintaining Collections of			Other Sin	nilar	Assets.
	Complete if	the organization answered "Yes" on Form	n 990, Part IV, line 8				
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to repo	ort in its revenue state	ment and t	balanc	e sheet works of art,
	historical treasures	s, or other similar assets held for public ex	hibition, education,	or research in further	ance of pul	blic se	rvice, provide, in Part XIII,
		note to its financial statements that descr					
b	•	elected, as permitted under SFAS 116 (A					
		similar assets held for public exhibition, e	ducation, or resear	ch in furtherance of pi	ublic servic	e, pro	vide the following amounts
	relating to these it						
		ded on Form 990, Part VIII, line 1		•		► <u>\$</u> _	<u></u>
_		ed in Form 990, Part X	• •			► \$_	
2		received or held works of art, historical tre			al gain, pro	vide	
	-	ints required to be reported under SFAS 1	116 (ASC 958) relati	ng to these items:	-		
		on Form 990, Part VIII, line 1			· · · · ·	5 -	······
	Assets included in		000	<u>·····</u> ··			hadula D (Farm 000) 0040
		eduction Act Notice, see the Instruction	is for Porm 990.			50	hedule D (Form 990) 2016
03205	08-29-16			•			

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Pa	Corganizations Maintaining C									
3	Using the organization's acquisition, access	ion, and other recor	ds, checi	k any of the	following that	at are a si	gnificant	use of its	collection i	tems
	(check all that apply).									
а	Public exhibition	•	a Li	Loan or exc	hange progra	ams				
b	Scholarly research	(Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	pliections and expla	in how th	ney further f	he organizati	on's exer	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	stoncal trea	sures, or oth	er sımılar	assets		-	
	to be sold to raise funds rather than to be m								Yes	
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the	organizatio	n answered '	"Yes" on	Form 99), Part IV,	line 9, or	
			d				mahudad			··
18	Is the organization an agent, trustee, custod	ian or other interme	clary for	contributio	is or other as	isets not	inciuaea		1 v	
	on Form 990, Part X?				•		• •		」 Yes	
þ	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing	ladie.						
	Press to be t								Amount	
	Beginning balance		-		• •		1c			<u> </u>
d	Additions during the year		•	•••		••	1d			
e	Distributions during the year		•				1e			
f	Ending balance						 +		No.	No
	Did the organization include an amount on F						uyr.	L	J Yes	
_	If "Yes," explain the arrangement in Part XIII. TV. Endowment Funds. Complete it						0		•	
į ģi		(a) Current year		rlor year	(c) Two year			ware hack		are back
10	Beginning of year balance	(a) Current year		nor year	C TWO year	S DACK	a) three ;	CEIS DOCK	(e) i oui ye	als back
1a b	Contributions	<u></u>								
0	Net investment earnings, gains, and losses									
с л	Grants or scholarships				<u> </u>					
å	Other expenditures for facilities		<u> </u>		<u> </u>					· · · · ·
e	and programs	/			1					
f	Administrative expenses				<u> </u>					
g	End of year balance	······		···· ·						
2	Provide the estimated percentage of the cur	rent vear end balan	ce (line 1	a column (1 a)) heid as:	l	<u></u>			
	Board designated or quasi-endowment	ione year ena balan	% %	g, oolann (a)/ noid do.					
	Permanent endowment	%								
	Temporaniy restricted endowment	%								
-	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	•	zation tha	at are held a	ind administe	ered for th	ne organi	zation		
	by.	°,							Y	es No
	(i) unrelated organizations								3a(i)	
	(II) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requ	ired on S	chedule R?	,				3b	
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	/, line 11a. :	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or basis (invest		• •	t or other (other)	• •	cumulat		(d) Book v	value
1a	Land					L	بليد			
ь	Buildings								·	
с	Leasehold improvements									
d	Equipment	1			2,574.		14,0	00.	18	,574.
	Other									
	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990 Par	t X colur	nn (B), line	10c)				18	,574.

Schedule D (Form 990) 2016

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Form 990) 2016	MARIJUANA	POLICY	PROJECT

Schedule D Investments - Other Securities. Part-VII

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		·
(A)		
(B)		
(C) -		
(D)		
(E)		
(F)	```	
(G)		•
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the or	ganization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of	f investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			·
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 99	0, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		· ·
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			1	
(2) DUE TO RELATED FOUNDATION		14,517.		
(3)				
(4)				
(5)		<u> </u>		
(8)				
(9)				
Total, (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) 🔶 🕨	14,517.	The second second	1.0.1

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🔝

Schedule D (Form 990) 2016

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Sche	Schedule D (Form 990) 2016 MARIJUANA POLICY PROJECT				911644	Page 4'
Pa	t XI2 Reconciliation of Revenue per Audited Financial Statem	ents With				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a .				
1	Total revenue, gains, and other support per audited financial statements			1	4,707	,126.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			新聞		
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	30,666.			
е	Add lines 2a through 2d		· · · ·	2e		,666.
3	Subtract line 2e from line 1			3	4,676	<u>,460.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>			
b	Other (Describe in Part XIII.)	4b		Sec. 1		
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u></u>	<u> </u>	5	4,676	,460.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem		n Expenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1			- <u> </u>	0.47
1	Total expenses and losses per audited financial statements			1	4,600	,247.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a				
ь	Pnor year adjustments	2b		Xaarin d		
С	Other losses	2c				
d	Other (Describe in Part XIII)	2d	30,666.	1.4.4.2	2.0	<i>c c c</i>
е	Add lines 2a through 2d			2e		,666.
3	Subtract line 2e from line 1			3	4,569	,581.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		631 - F		
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>				
Ь	Other (Describe in Part XIII.)	4b		18		0
С	Add lines 4a and 4b			4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		-	5	4,569	, 201.
i rai	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:

ASC TOPIC 740, INCOME TAXES, ADDRESSES THE ACCOUNTING FOR UNCERTAINTY IN
INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS AND
PRESCRIBES A THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT
RECOGNITION REGARDING TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A
TAX RETURN, INCLUDING THE ENTITY'S STATUS AS A TAX-EXEMPT ENTITY. THE
UNION HAS DETERMINED THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS.
WHILE THE UNION'S TAX AND OTHER REGULATORY FORMS MAY BE EXAMINED BY TAX
AUTHORITIES, SUCH AS THE IRS, IT IS NO LONGER SUBJECT TO FEDERAL INCOME
TAX EXAMINATIONS FOR ANY YEARS EARLIER THAN IS FISCAL YEAR ENDED DECEMBER

<u>31, 2013.</u> 632054 08-29-16

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Chedule D (Form 990) 2016 MARIJUANA POLICY PROJECT	52-1911644 Page
Part XIII, Supplemental Information (continued)	
ART XI, LINE 2D - OTHER ADJUSTMENTS:	
ROGRAM EXPENSES LISTED NET OF INCOME ON 990	30,660
ART XII, LINE 2D - OTHER ADJUSTMENTS:	
ROGRAM EXPENSES LISTED NET OF INCOME ON 990	30,666
·	
	· · · · · · · · · · · · · · · · · · ·
	······
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(Form 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.									•,
(Form 990 or 990-E2) Complete if the organization answered "res" on Form 990. Part IV, line 17, 16, or 19, or 11 Me (arganization answered more than \$15,000 on Form 990-E2, line 6a.	SCHEDULE G	Suppleme	ental Information Regarding	Fun	drais	ing or Gaming	Activiti	es —	OMB No 1545-0047
Attach to come source of the organization about Schedulo G (Form 3900 refuelt in instructions is at www.irs.gov/form990 Tame of the organization about Schedulo G (Form 3900 refuelt in instructions is at www.irs.gov/form990 Temployer Identification in a work of the organization answered 'Yes' on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations b Intermet and email solicitations c Phone solicitations d Incernance and email solicitations 2 Do the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? d(i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Yes (ii) Name and address of individual or entities (fundraisers) (iii) Activity Yes No (iv) Gross receiption (fundraiser) (vi) Gross receiption (fundraiser) (vi) Amount failed in col (ii) (vi) Amount failed in col (iii) (vi) Amount failed in col (iii) (vi) Amount failed in col (iii) (vi) Amount failed in		Complete if th	ne organization answered "Yes" on organization entered more than \$1	Form 5,000	990, I on Fo	Part IV, line 17, 18, o rm 990-EZ, line 6a.	or 19, or i	if the	2016
Name of the organization Employer identification in S2-19116 44 MARIJUANA POLICY PROJECT 52-19116 44 Indicate whether the organization answered 'Yes' on Form 990, Part IV, line 17 Form 990-22 filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations e Solicitation of government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events Important fundraising events c Inperson solicitations g Special fundraising events Important fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity in comecton with professional fundraising services? Yes No (ii) Name and address of individual or entity in comecton with professional fundraiser is to be compensated at least \$5,000 by the organization. Yes No (iii) Name and address of individual or entity in commutation. Yes No Important fundraiser (iv) Name and address of individual or entity in commutation. Yes No Important fundraiser (iv) Name and address of individual or entity in commutation. Yes No							aov/forms	3.5	and the feat of the state of th
Fundraising Activities. Complete in the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-E2 filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Difference solicitations g Solicitation of government grants g Difference solicitations g Difference so	Name of the organization			and is	,		En	ployer ide	
Statusticity requeed to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d Inperson solicitations g Special fundraising events 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part NII) or entity in connection with professional fundraising services? Ves In b If 'Yes, 'Is the 10 highest paid individual is or entities (fundraisers) pursuant to agreements under which the fundrales is to be compensated at least \$5,000 by the organization. Imdiates of individual (including officers, directors, trustees, or instead at least \$5,000 by the organization. Imdiates of individual (II) Activity Imdiates of individual for entities (fundraisers) pursuant to agreements under which the fundrales or its organization. Imdiates or its organization. (i) Name and address of individual or entities (fundraisers) Imdiates organization. Imdiates organization. Imdiates organization. (ii) Name and address of individual organization Imdis organization. Imdis organization. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
a Mail solicitations b Solicitation of non-government grants c Solicitations g Special fundraising events a Dot the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual (iii) Activity (iii) Activity (iii) Activity (iii) Gross receipting to (or entantion or or a context on the second of the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual (iii) Activity (iii) Activity (iii) Activity (iii) Gross receipting to (or entantion or a context or entity (fundraiser) is the indicate or entity in entit				red "Y	'es" o	n Form 990, Part IV,	line 17 F	orm 990-E2	Z filers are not
c Phone solicitations g Special fundraising events d In-person solicitations 2 2 a Dd the organzation have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Image: Compensate of the fundraliser is to be compensated at least \$5,000 by the organization have a written or ganization. (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraliser is to be compensated at least \$5,000 by the organization. (ii) Activity Image: Compensate of the fundraliser is to be compensate of individual (ii) Activity (iii) Gross receipts of the fundraliser is compensated of the fundraliser is compensated at least \$5,000 by the organization. (iii) Activity Image: Compensate of the fundraliser is compensated at least \$5,000 by the organization. (i) Name and address of individual or entities (fundraliser) (iii) Activity Image: Compensate of the fundraliser is compensated at least \$5,000 by the organization. (iv) Gross receipts is for do (or retained by for oretained by foretained by for oretaine dy foretaine dy for oretained by for ore	a 🛄 Mail solicitati	ions	e 🛄 Solicitat	ion of	non-g	overnment grants			
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entry in connection with professional fundraising services? Image: Services of	c Phone solicit	ations							
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes N b If 'Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Annotation (iii) Activity (iii) Order the fundraiser is to be form activity in the fundraiser is to be compensated at least \$5,000 by the organization. (iv) Amount paid (v) are called by form activity (v) Amount paid (v) are called by form activity in the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts form activity in the organization organization. (v) Amount paid (v) are called by form activity in the organization organization or activity in the organization or activity is to are called by form activity in the organization or activity in the organization or activity is to are called by form activity in the organization or activity is an activity or activity in the organization or activity is a second or activity or activity in the organization or activity is a second or activity or activity is a second or activity or activity is a second or activity oreactivity oreactivity or activity or activity oreactivity or acti	•		or oral agreement with any individual	(melu	dina o	fficers directors tru	stees. or		
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts from activity (v) Amount paid to (or retained by fundraiser) (vi) Amount of organization organization Yes No Yes No Yes No Yes	key employees liste b if "Yes," list the 10	ed in Form 990, P highest paid indi	Part VII) or entity in connection with p ividuals or entities (fundraisers) pursu	rofess	ional f	undraising services?	?	🗌 Yes	
(i) Name and address of individual or entry (fundraiser) (ii) Activity Image address of individual from activity (iv) Gross receipts from activity to Grow retained by to for retained by the form activity (iv) Gross receipts from activity to Grow retained by to for retained by the form activity (iv) Gross receipts from activity to for retained by the form activity (iv) Gross receipts from activity to for retained by the form activity (iv) Gross receipts from activity to for retained by the form activity (iv) Gross receipts from activity to for retained by to for form retained by to for formating to for foretained by to for for for retained by to for for fore	compensated at le	ast \$5,000 by the	e organization.						
Total	••		(ii) Activity	have ci or con	ustody trol of		to (or re func	tained by) Iraiser	(vi) Amount paid to (or retained by) organization
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration				Yes	No			<u> </u>	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
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	orlicensing								
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Schedule G (Form 990 or 990-EZ) 2016 MARIJUANA POLICY PROJECT 52-1911644 Page 2 Part III Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

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<u> </u>		of fundraising event contributions and gr				pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			PA SEMINARS	ARM	NONE	(add col (a) through
			& EVENTS	WRESTLING EV		col (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	79,450.	4,400.		83,850.
	2	Less: Contributions	26,000.		·	26,000.
	3	Gross income (line 1 minus line 2)	53,450.	4,400.		57,850.
	4	Cash prizes				
ŝ	5	Noncash pnzes			<u> </u>	
xpense	6	Rent/facility costs	26,476.	1,117.		27,593.
Direct Expenses	7	Food and beverages			<u> </u>	
-	8	Entertainment				l
	9	Other direct expenses	2,277.	796.		3,073.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		•	30,666.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)	·	▶	27,184.
Pa	rt.		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				······
er			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c)
Rev	1	Gross revenue				
		/				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	5		Yes %	Yes %	Yes %	
	6	Volunteer labor				
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary, Subtract line 7	from line 1, column (d)	<u> </u>	▶	
	_					
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac			· -	└── Yes └── No
b	If "	No," explain:	<u></u>			
						,
10-		re any of the organization's gaming licenses re	wokad suspended ort	erminated during the tor :	/ear?	Yes No
			•		real f	
J		Yes," explain.				
		·				
					·····	rm 990 or 990-EZ) 2010
		9-12-16				

Schedule G (Form 990 or 990 EZ) 2016 MARIJUANA POLICY PROJECT	52-1911644 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
Name	·
Address 🕨	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$	ount
of gaming revenue retained by the third party \blacktriangleright \$	
c If "Yes," enter name and address of the third party.	
Name	
Address ►	
16 Gaming manager information:	
Name 🕨	
Gaming manager compensation 🕨 💲	
Description of services provided	
	· · · · · · · · · · · · · · · · · · ·
	······
	· · · · · · · · · · · · · · · · · · ·
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	. in the
organization's own exempt activities during the tax year \$ Partily Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Port III, lines Q. Ob. 10b. 15b
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	Farm, mes 3, 30, 100, 130,
Too, To, and TTD, as applicable. Also provide any additional information. See instructions	
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Schedule G (Form 990 or 990-EZ) 2016

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Department of the Treasury Internal Ravenue Service Attach to Form 990. Open to Put Inspection Name of the organization MARIJUANA POLICY PROJECT Employer identification in 52–1911 Part 11 General Information on Grants and Assistance 1 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	SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							1545-0047
Name of the organization MARIJUANA POLICY PROJECT Employer dentification of S2-1911(Partial Part of the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Imployer that the selection criteria used to award the grants or assistance? Imployer that the selection criteria used to award the grants or assistance? Imployer that the selection criteria used to award the grants or assistance? Imployer that the selection criteria used to award the grants or assistance? Imployer that the selection criteria used to award the grant or assistance? Imployer that the selection criteria used to award the grant or assistance? Imployer that the selection criteria used to award the grant or assistance? Imployer that the selection criteria used to award the grant or assistance? Imployer that the selection criteria used to award the grant or assistance? Imployer that the selection criteria used to award the grant or assistance? Imployer that the selection criteria used to award the grant or assistance and the selection criteria used to award the grant or assistance? Imployer that the selection criteria uset of the organization answered "Yes" on Form 990, Part IX, the grant or assistance are criteria used to award the grant or assistance are criteria. Imployer that the selection criteria used to award the grant or assistance are criteria. Imployer that the grant or assistance are criteria. Imployer that the that the grant or assistance are criteria. Imployer that the that the grant or assistance are criteria. Imployer that the that tha			-	► Attach to For	m 990.				
MARIJUANA POLICY PROJECT 52-1911(Image: Signation of Crants and Assistance Signation		Information	on about Schedule I	(Form 990) and its	s instructions is a	at www.irs.gov/form99	0.		and storage of the
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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Image: Comparison of the organization's procedures for monitoring the use of grant funds in the United States. 1 Rearding in 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. (f) Method of or organization of organization (c) Part II can be duplicated if additional space is needed. (f) Method of or organization (c) Part II can be duplicated if additional space is needed. 1(a) Name and address of organization (b) EIN (c) IPC second (c) Amount of cash grant assistance (f) Method of or organization (c) Part IV can be duplicated if additional space is needed. (f) Method of or organization (c) Part IV can be duplicated if additional space is needed. (f) Method of or organization (c) Part IV can be duplicated if additional space is needed. NCIA 126 C STREET, NN (c) IPC second Part IV can be duplicated if additional space is needed. (f) Method of organization space is needed. (f) Method of organization (c) Part IV can be duplicated if additional space is needed. 111 Wass space space 27-3484449 5,000. 0. (f) Method of part IV can be duplicated if additional space		to substantiate the	amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion	
Image: Part III 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. (f) Method of valuation (book, noncash assistance (g) Description of oncash assistance (h) Purpose of grant or assistance 1 (a) Name and address of organization or government (b) EIN (c) IRC sectorin (d) Amount of cash grant (f) Method of valuation (book, noncash assistance (g) Description of oncash assistance (h) Purpose of grant or assistance NCIA 126 C STREET, NW (b) EIN (c) IRC sectorin (d) Amount of cash grant (d) Description of noncash assistance (h) Purpose of grant or assistance (h) Purpose of grant or assistance NCIA 126 C STREET, NW N N N N DAG strikt ALLON WIT ALLON WIT AS TO PRO STO PRO	-		-					and the second se	X No
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1 (a) Name and address of organization or government (b) EIN (c) IRC section (of applicable) (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of yalkaton (book, YMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance NCIA 27-3484449 5,000. 0. PHE GRANT WAS TO PRO SUPPORT POR AN DOALS THAT ALIEN WIT DOALS THAT ALIEN WIT DOALS THAT ALIEN WIT SCHOOL, IL 60604 36-2000728 8,000. 0. DESCRIPTION of processing of the grant was to pro SUPPORT POR AN DESCRIPTION THAT HA DESCRIPTION THAT HA DESCRIPTION THAT STO PRO SUPPORT POR AN DESCRIPTION THAT THA DESCRIPTION THAT THAT THAT THAT THAT THAT THAT THA	The store weak	-				anization answered "Y	/es" on Form 990, Par	t IV, line 21, for any	
Transmission Lip Fund and adoress of organization or government Lip Fund (f) applicable) Lip Fund (f) applicable) <thli< th=""><th></th><th></th><th>· · · · · · · · · · · · · · · · · · ·</th><th>1</th><th>f</th><th>(f) Method of</th><th></th><th>1 415</th><th></th></thli<>			· · · · · · · · · · · · · · · · · · ·	1	f	(f) Method of		1 415	
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CHICAGO_IL 60604 36-2000728 8,000. 0. DOALS THAT ALIGN WIT								1	T HAC
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		36-2000728		8,000.	o.			1	
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table									
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	<u> </u>							1	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							,		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table									
	2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table	•	•		►	

Schedule I (Form 990) (2016)

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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Schedule I (Form 990) (2016) MARIJUANA POLICY PROJECT

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Page 2

Partillig 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			•		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	n (b); and any other a	dditional information.	

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: NCIA

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANT WAS TO PROVIDE SUPPORT FOR

AN ORGANIZATION THAT HAS GOALS THAT ALIGN WITH MPP'S AREAS OF INTEREST

AND MISSION.

GRANTEES BEFORE/DURING THEIR GRANT PERIODS, WITH THE UNDERSTANDING THAT

THE GRANTEES AREN'T PSEUDO EMPLOYEES BUT RATHER AUTONOMOUS ORGANIZATIONS

AND INDIVIDUALS.

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Schedule I (Form 990)	MARIJUANA POLICY	PROJECT	52-1911644 Page 2
Part IV Supplemental Inf	ormation		
NAME OF ORGANIZATI	ON OR GOVERNMENT:	COMMUNITY RENEWAL SOCIE	ТҮ
(H) PURPOSE OF GRA	NT OR ASSISTANCE:	THE GRANT WAS TO PROVID	E SUPPORT FOR
AN ORGANIZATION TH	AT HAS GOALS THAT	ALIGN WITH MPP'S AREAS	OF INTEREST
AND MISSION.			

SCHEDULE I, PART I, LINE 2-

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BECAUSE MPP ISSUES SO FEW GRANTS, THE "PROCEDURE" FOR ISSUING AND THEN MONITORING GRANTS IS SIMPLY AN OUTGROWTH OF THE MPP STAFF WORKING DAY-TO-DAY WITH GRANTEES BEFORE/DURING THEIR GRANT PERIOODS, WITH THE UNDERSTANDING THAT THE GRANTEES AREN'T PSEUDO EMPLOYEES BUT RATHER AUTONOMOUS ORGANIZATIONS AND INDIVIDUALS.

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SCHEDULE J (Form 990) Compensation Information OMB No 1545-00 For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees OMB No 1545-00)47 N
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest 2011	
Companystad Employees	
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	
Department of the Treasury Attach to Form 990.	and the second se
Internal Revenue Service Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.	20.277 C.2-24-11
Name of the organization Employer identification no 52-1911644	mber
Raiti Questions Regarding Compensation	
12 Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	No
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items	
First-class or charter travel Housing allowance or residence for personal use	
Travel for companions	
Tax indemnification and gross-up payments	
Discretionary spending account Personal services (such as, maid, chauffeur, chef)	
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	
CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	
establish compensation of the CEO/Executive Director, but explain in Part III.	
Compensation committee	
Independent compensation consultant	
Form 990 of other organizations	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	
a Receive a severance payment or change-of-control payment?	X
a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	7.53
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the revenues of:	
a The organization? 5a	X
b Any related organization?	·X
If "Yes" on line 5a or 5b, describe in Part III.	
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
contingent on the net earnings of:	24 C
a The organization?	X
b Any related organization?	X
If "Yes" on line 6a or 6b, describe in Part III	
7 For persons listed on Form 990, Part VII, Section A, line 1a, dld the organization provide any nonfixed payments	
not described on lines 5 and 6? If "Yes," describe in Part III	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	
Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	
Regulations section 53.4958-6(c)? 9	0.2046

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Schedule J (Form 990) 2016 MARIJUANA POLICY PROJECT

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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). 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(ili) Other reportable compensation	compensation	Denents	(B)(ı)-(D)	In column (B) reported as deferred on prior Form 990	
(1) ROBERT D KAMPIA	(1)	60,063. 128,037.	0.	0.	1,874.	1,553.	63,490.	0	
SECRETARY OF BOARD	(ii)	128,037.	0.	0.	3,805.	3,754.	135,596.	0	
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	(II)								
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Schedule J (Form 990) 2016

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Schedule J (Form 990) 2016	MARIJUANA	POLICY	PROJECT	·	 52-1911644
Partilli Supplemental Information	1				

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.

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SCHEDULE J, PART I, LINE 3

AT THE LAST BOARD MEETING OF EACH YEAR (WHICH IS USUALLY IN NOVEMBER),

MPP'S BOARD OF DIRECTORS VOTES ON THE EXECUTIVE DIRECTORS'S

-

COMPENSATION FOR THE UPCOMING CALENDAR YEAR. THIS VOTE OCCURS DURING

THE BOARD'S EXECUTIVE SESSION, WHICH MEANS THE EXECUTIVE DIRECTOR IS

OUT OF THE ROOM FOR THE DISCUSSION AND VOTE.

Schedule J (Form 990) 2016

Page 3

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SCHEDULE M	
(Form 990)	

Noncash Contributions

Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990.

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

Attach to Form 990.



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Department of the Treasury Internal Revenue Service Name of the organization

MARIJUANA POLICY PROJECT

Employer	ide	ntifi	ca	ti	on	nu	mb
5	2-	19	1	1	6	44	

Partil Types of Property

		(a)	(b) Number of	(c)	(d) Mothed of determining
		Check if applicable	contributions or	Noncash contribution amounts reported on	Method of determining noncash contribution amounts
				Form 990, Part VIII, line 1g	
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				·
4	Books and publications		LAL THERE IS		·····
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	3	225,872.	MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other ► ()				
27	Other ► ()				
28	Other ()				
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions	
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29	
					Yes No
30a	During the year, did the organization receive b	y contributio	on any property re	ported in Part I, lines 1 through	gh 28, that it
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be u	
	exempt purposes for the entire holding period	?			. <u>30a X</u>
b	If "Yes," describe the arrangement in Part II.				精業 影響 計畫
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	itions? 31 X
32a	Does the organization hire or use third parties	or related o	rganizations to sol	cit, process, or sell noncash	
	contributions?			 .	. 32a X
ь	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of proper	y for which column (a) is che	cked,
	describe in Part II.				

Schedule M (Form 990) (2016)

dule M	(Form 990) (2016) MARIJUANA POLICY PROJECT	<u>52-1911644</u>
	Supplemental Information. Provide the information required by Part I, lines 30b, is reporting in Part I, column (b), the number of contributions, the number of items receive this part for any additional information.	32b, and 33, and whether the organization red, or a combination of both. Also complete
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Schedule M (Form 990) (2016)

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OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ **N16** Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990. Employer identification number Name of the organization 52-1911644 MARIJUANA POLICY PROJECT FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DEPLOYING RESOURCES FOR FEDERAL AND STATE LAW CHANGES. THE MPP VISION STATEMENT INCLUDES FOUR STRATEGIES USED TO PURSUE THE ORGANIZATIONS MISSION: (1) INCREASE PUBLIC SUPPORT FOR NON-PUNITIVE, NON-COERCIVE MARIJUANA POLICIES; (2) IDENTIFY AND ACTIVATE SUPPORTERS OF NON-PUNITIVE, NON-COERCIVE MARIJUANA POLICIES; (3) CHANGE STATE LAWS TO REDUCE OR ELIMINATE PENALTIES FOR THE MEDICAL AND NON-MEDICAL USES OF MARIJUANA; AND (4) GAIN INFLUENCE IN CONGRESS.

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

MARIJUANA POLICIES; (3) CHANGE STATE LAWS TO REDUCE OR ELIMINATE

PENALTIES FOR THE MEDICAL AND NON-MEDICAL USE OF MARIJUANA; AND (4)

GAIN INFLUENCE IN CONGRESS.

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

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

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

"MEMBERS" OF MPP ARE ELIGIBLE TO VOTE IN THE ONCE-EVERY-THREE-YEARS

ELECTION OF THE SOLE MEMBER-ELECTED DIRECTOR OF THE BOARD.

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

THE IRS FORM 990 WAS PROVIDED TO THE CHIEF OF STAFF AND EXECUTIVE DIRECTOR FOR REVIEW PRIOR TO FILING. ALL OTHERS CAN HAVE A COPY UPON REQUEST.

Name of the organization MARIJUANA POLICY PROJECT	Page : Employer identification number 52-1911644
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY, MD, MN, MS, NC, NJ, NY, OR, PA,	RI,SC,TN,UT,VA,WI
WV	

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

MPP'S DOCUMENTS ARE MAINTAINED IN THE ORGANIZATION'S HEADQUARTERS IN THE DISTRICT OF COLUMBIA, AND THE MPP STAFF MAILS THE DOCUMENTS TO INTERESTED PERSONS VIA THE U.S. POSTAL SERVICE. IN ADDITION, MPP POSTS ITS FORM 990 ON THE ORGANIZATION'S WEBSITE, AS WELL AS THIRD-PARTY WEB SITES. FINALLY, MPP ALSO POSTS ITS ANNUAL REPORT ON ITS WEBSITE.

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Schedule O (Form 990 or 990-EZ) (2016)

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SCHEDULE R (Form 990)	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.	OMB No 1545-0047 2016
Department of the Treasury Internal Revenue Service	Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	1. Inspection
Name of the organizat	MARIJUANA POLICY PROJECT	Employer identification number 52-1911644

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	tion entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
MARIJUANA POLICY PROJECT FOUNDATION -							
52-1975211, PO BOX 77492, WASHINGTON, DC							
20013	PUBLIC EDUCATION	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	N/A		Х
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 MARIJUANA POLICY PROJECT

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

(a)	(b)	(c)	(d)	(0)	(f)	(g)	()	ר)	(i)	())	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	al Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sect 512(t contr ent	i) tion b)(13) rolled ilty?
		country)				833613	L	Yes	
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Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 MARIJUANA POLICY PROJECT				52-	1911644	Pag	a 3
Part V - Transactions With Related Organizations. Complete if the organization	answered "Yes" on For	rm 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 N	0
1 During the tax year, did the organization engage in any of the following transac	tions with one or more	related organizations listed	in Parts II-IV?			1-7 32 21	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled ei	ntity				1a	2	
b Gift, grant, or capital contribution to related organization(s)					1b	2	5
c Gift, grant, or capital contribution from related organization(s)		-	· · · ·		1c	2	5
d Loans or loan guarantees to or for related organization(s)					1d	3	5
e Loans or loan guarantees by related organization(s)				·	1 e	X • • • • • • •	
f Dividends from related organization(s)					المنانية. 1f	right yang a hikis santan Z	قلينية و
g Sale of assets to related organization(s)					19	2	[
h Purchase of assets from related organization(s)		•			1h	2	<u>,</u>
i Exchange of assets with related organization(s)		•			11	2	5
j Lease of facilities, equipment, or other assets to related organization(s)		·	•		11	2	
		•		•	T. and a fight	5" "14" - 1"4- Land - 122	1.0
k Lease of facilities, equipment, or other assets from related organization(s)					1k	X	' دمال
I Performance of services or membership or fundraising solicitations for related of	organization(s)			• •	11	2	
m Performance of services or membership or fundraising solicitations by related of	organization(s)		•	•	1m	3	<u> </u>
n Sharing of facilities, equipment, mailing lists, or other assets with related organi			•••		10	X	
o Sharing of paid employees with related organization(s)				•	10	X	
				• • •	C 35	1 1 . 72 W	
P Reimbursement paid to related organization(s) for expenses					10	2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Ë
g Reimbursement paid by related organization(s) for expenses	•			•	10	2	
						4-2-18	77
r Other transfer of cash or property to related organization(s)					1r	<u>소</u> 작 53 X	U.uni
s Other transfer of cash or property from related organization(s)		•			15	3	
2 If the answer to any of the above is "Yes," see the instructions for information of	on who must complete	this line, including covered	relationships and trar	saction thresholds		_	<u> </u>
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved		(d) Method of determining amount involved			
(1) MARIJUANA POLICY PROJECT FOUNDATION	к	24,000.					_
(2) MARIJUANA POLICY PROJECT FOUNDATION	R	15,000.					
(3) MARIJUANA POLICY PROJECT FOUNDATION	E	160,000.					
(4)							-
<u> </u>		†					—
(5)							

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dule B (Form 990) 2016	MARIJUANA	POLICY	PROJECT

Schedule R (Form 990) 2016 MARIJUANA POLICY PROJECT

52-1911644 Page 4

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

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

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominant income	e) Are) all	(f) Share of	(g) Share of	(h)	(i) Code V-UBI	())	(k)
of entity	Fillidiy activity	(state or foreign	(related, unrelated,	501(c	s sec :)(3)	total	end-of-year	ton	ate	amount in box 20	mana	ging	ownorchin
orenay		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	010	2	income	assets	allocab	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	part	her?	ownersnip
			Sections 512-514)	Yes	No			Yes	No	(Form 1065)	Yes	NO	
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Schedule R (Form 990) 2016

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

Schedule R (Form 990) 2016

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Schedule R (Form 990) 2016 MARIC