# Form **990**

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

2016

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

Α	For the	2016 calend	dar year, or tax year be	eginning	07-01	, 2016, and en	ding	06-	30 ,2017
В	Check if a	applicable:	C Name of organization P1	ison Policy Initiativ	e Inc			D	Employer identification no.
	Address o	change	Doing business as						20-3671130
	Name cha	ange	Number and street (or P.	D. box if mail is not delivered to street addre	ss)		Room/suite	E	Telephone number
Ī	Initial retu	-	PO Box 127		,				•
П		rn/terminated		rince, country, and ZIP or foreign postal code	e				770,240
Ħ	Amended		Northampton,	, ,,				٦	Gross receipts\$
П		n pending	F Name and address of prir		itnor		H(a) Is this a group		
ш	Applicatio	in pending	Same as C ab	•	TCHCI		H(b) Are all subor		
_	Tax-exem	net atatua: 🏋	501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1	) or 527		- ' '		list. (see instructions)
<u>:                                    </u>	Website:			, , , _ , , , , , , , , , , , , , , , ,	) 01 327		╗		
J '/			w.prisonpolicy.	Association Other ►	I V-		H(c) Group exer	•	
È	art I	rganization: X		Association Unier •	L Ye	ear of formation: 20	M State	or regar	domicile. MA
Г	1		•	nission or most significant activitie	e: Engage	in wasaaw	ah admaaa		nd organizing
	'	•	ŭ	ion policies undermine		In resear	cn, auvoca	Jy ai	nd Organizing
e					# <b>5</b>				
Governance		our comm	unities and hav	cional well being.					
/eri	9	Chook this h	ov N if the organize	ation discontinued its operations o	r diapaged of m	oro than 250/ o	f ito not apporta		
ģ				overning body (Part VI, line 1a)	•			3	
Activities &	3		-					4	8
	4		· -	bers of the governing body (Part ed in calendar year 2016 (Part V.)					8
	5		, ,	, ,	,			5	9
	6		er of volunteers (estimate	• ,				6	8
				om Part VIII, column (C), line 12				7a	0
	D	net unrelate	o dusiness taxable inco	ome from Form 990-T, line 34	• • • • • • •	• • • • • •		7b	0
Revenue		0	(D+) (III	lin - 4h)			Prior Year		Current Year
	8			line 1h)				,920	
	9	_		, line 2g)				,289	
ě	10		•	n (A), lines 3, 4, and 7d) • • • •				,583	
Œ	11			), lines 5, 6d, 8c, 9c, 10c, and 11e		_		,450	
	12			11 (must equal Part VIII, column (			372	,242	762,398
	13			art IX, column (A), lines 1-3)		<del></del>			0
	14			urt IX, column (A), line 4)					0
ģ	15	•	• • • • • • • • • • • • • • • • • • • •	byee benefits (Part IX, column (A)	•	<del></del>	249	,122	335,259
Expenses	16a			IX, column (A), line 11e)					0
ğ	b				41				
Ш	1	•	, ,	,, ,		<del> </del>		,055	· · · · · · · · · · · · · · · · · · ·
				nust equal Part IX, column (A), line		_		,177	
		Revenue les	s expenses. Subtract I	ine 18 from line 12		• • • • •	77	,065	370,583
ō	Sec					Е	Beginning of Current	Year	End of Year
sets	20	Total assets	(Part X, line 16) • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • _	455	,301	821,700
Net Assets or	<u> </u>		, , ,	• • • • • • • • • • • • • • • • •		<del></del>	8	,107	1,766
$\overline{}$				act line 21 from line 20		• • • • • •	447	,194	819,934
	art II		ıre Block						
				return, including accompanying schedules in officer) is based on all information of whic			nowledge and belief, it	is	
				· · · · · · · · · · · · · · · · · · ·				T	
c:			V Demleitner						02-05-2018
Sig		Signatui	re of officer					Date	
He	re		V Demleitner,	President					
		Type or	print name and title		1				
_		Print/Type pre	eparer's name	Preparer's signature	Da	ite	Check	if P	TIN
Pa			Calcasola		02	-08-2018	self-employe	d	P00229178
	eparer		► Nolan	, Calcasola & CO PC			Firm's EIN ►		
Us	e Only	Firm's addres	ss ► PO Box	c 625			Phone no.		
			East 1	Longmeadow MA 01028			41	13-52	25-4100
May	the IRS	S discuss this	return with the prepare	r shown above? (see instructions)	) <b></b> .				Ⅺ Yes □ No

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

EEA

4e Total program service expenses ▶ ) (Revenue \$

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	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	X	
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3.7
	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? <i>If "Yes,"</i>			37
_	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			v
10	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 quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Λ
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
-	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X • • • • •	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.41-		v
45	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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		Λ
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			- 23
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

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Part 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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 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		X
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or 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? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	X	

# 16) Prison Policy Initiative Inc Statements Regarding Other IRS Filings and Tax Compliance Part V

	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	C-		v
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		- 21
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
۱۵-	against amounts due or received from them.)	10-		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
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? <i>If "No," provide an explanation in Schedule O</i>	14b		

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Part VI Gov

Sec	tion A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
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 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 Code.)			I
			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,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	, , ,	15b		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 taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		X
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   Massachusetts			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Peter Wagner (413)527-0845, PO Box 127, Northampton, MA 01060			

Form	990	(201	6

_	_	_		_	_	_	_	
7	n	-3	67	1	1	-3	n	

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(	(C)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average	١,				han one s both ar	- 1	Reportable	Reportable	Estimated
	hours per				director/trustee)			compensation	compensation from	amount of
	week (list any hours for							from the	related organizations	other compensation
	related	or d	Insti	Officer	ξ ey	emp	Forme	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ridua recto	tutio	ĕ	emp	lest	ner	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	na tr		Key employee	g ion				organizations
		tee	Institutional trustee			Highest compensated employee				
						ted				
(1) Eric Lotke	1.00									
Director		Х						c	0	0
(2) Amanda Alexander	1.00									
Director		X						C	0	0
(3) Neelum Arya	1.00									
Director		X						C	0	0
(4) Rachel Bloom	1.00									
Director		X						C	0	0
(5) Nora V Demleitner	1.00									
President		X		X				C	0	0
(6) Annette Johnson	1.00									
Director		X						C	0	0
(7) Dan Kopf	1.00									
Treasurer		Х						C	0	0
(8) Jason Stanley	1.00	37						_		
Director		Х						C	0	0
(9) Peter Wagner	70.00			Х				100 000		2.667
Executive Director				Λ				122,229	0	3,667
(10)										
<u>(11)</u>										
(12)										
<u>(13)</u>										
-										
<u>(14)</u>										

Form 990 (2016)

	90 (2016) Prison Policy Init									20-36711	30	P	age 8
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	st Con	nper	nsated Employees	s (continued)			
	(A) Name and title	Name and title Average do not check more than one box, unless person is both an Reportable						(E) Reportable compensation from	(F) Estimated amount of				
		hours for Or d I I I I I I I I I I I I I I I I I I		related organizations (W-2/1099-MISC)	f org ar	other appensation from the ganization d related anization	on ed						
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Sub-total							<b>&gt;</b>					
d	Total (add lines 1b and 1c)							•	122,229	0	3,667		667
2	Total number of individuals (including but not limited	d to those list	ed abo	ve)	who	rec	eived	mor	e than \$100,000 of				
	reportable compensation from the organization									1		Yes	No
3	Did the organization list any former officer, director	or, or trustee,	key er	nplo	yee	, or	highes	st co	mpensated			res	No
_	employee on line 1a? If "Yes," complete Schedule									• • • • • • •	3		X
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater that												
	individual										4		Х
5	Did any person listed on line 1a receive or accrue c	ompensation	from a	ny u	nrel	ated	l orgar	nizat	ion or individual				
0	for services rendered to the organization? If "Yes,"	" complete So	chedul	e J f	or s	uch	perso	n	• • • • • • • • •		5		X
Section 1	on B. Independent Contractors  Complete this table for your five highest compensate	nd indopondor	at conti	racto	ore t	hat r	occive	nd m	oro than \$100,000	of			
•	compensation from the organization. Report compensation year.												
-	(A)								(B)			(C)	
	Name and business address								Description of	services	Comp	pensatio	n
2	Total number of independent contractors (including received more than \$100,000 of compensation from				liste	d ab	ove) v	who					

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to a	ny line in th	nis Part VIII			
					(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
	1a	Federated campaigns 1	а					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			-			
2 6	c	Fundraising events			_			
ifts, arA	d	Related organizations			_			
בֿי <u>ָּ</u>	e	Government grants (contributions) 1						
ons Si Si	f	All other contributions, gifts, grants,			_			
the Stri	'	and similar amounts not included above		22 027				
a ari	_	Noncash contributions included in lines 1a-1f:		23,927	_			
පු පි	g				702.007			
	h	Total. Add lines 1a-1f			723,927			
<u>o</u>			Busir	ess Code				
ne/	2a							
Re		Program Revenue		430	32,500	32,500		
vice	C							
Ser	d		-					
Program Service Revenue	е		_					
Prog		All other program service revenue						
	g	Total. Add lines 2a-2f		• • • •	32,500			
	3	Investment income (including dividends, interes						
		and other similar amounts)		▶	2,221			2,221
	4	Income from investment of tax-exempt bond pro	ceeds					
	5	Royalties						
		(i) Real	(ii)	Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of (i) Securities	(ii	) Other				
	'-	assets other than inventory 7,8	42					
	h	Less: cost or other basis						
	-	and sales expenses 7,8	42					
	С	Gain or (loss)						
	l	Net gain or (loss)						
e		Gross income from fundraising						
enne		events (not including \$						
æ		of contributions reported on line 1c).						
Other Rev		See Part IV, line 18	a					
퉏	h		b					
	l .		• • • • •					
		Gross income from gaming activities.						
	Ju	See Part IV, line 19	a					
	h	Less: direct expenses						
		Net income or (loss) from gaming activities •						
	10a	Gross sales of inventory, less returns and allowances						
					_			
		Less: cost of goods sold						
	<u>c</u>	Net income or (loss) from sales of inventory .						
		Miscellaneous Revenue		ess Code				
		Honoraria	900	099	3,750	3,750		
	b							
	C							
		All other revenue						
		Total. Add lines 11a-11d			3,750			
	12	Total revenue. See instructions		▶	762,398	36,250		0 2,221

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses (D) Do not include amounts reported on lines 6b. 7b. Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ..... Compensation of current officers, directors, 122,229 85,559 18,335 18,335 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .... Other salaries and wages ....... 7 179,620 161,659 17,961 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 9,036 7,401 548 1,087 10 24,374 19,963 1,480 2,931 11 Fees for services (non-employees): b 1,350 1,350 Professional fundraising services. See Part IV, line 17 . е f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 3,098 3,098 13 6,368 6,368 14 5,155 3,866 516 773 15 16 12,605 9,454 1,260 1,891 17 2,642 3,522 352 528 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings ..... 20 21 22 Depreciation, depletion, and amortization . . . . . . 3,676 3,676 23 2,067 2,067 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 O.) 11,140 11,140 Consultants b Postage and Shipping 3,069 2,302 307 460 C d е All other expenses 4,506 3,482 965 59 Total functional expenses. Add lines 1 through 24e . 25 391,815 313,836 30,856 47,123 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

#### Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	239,585	1	812,703
	2	Savings and temporary cash investments	203,043	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete 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)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 26,492			
	b	Less: accumulated depreciation 10b 17 , 495	12,673	10c	8,997
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	455,301	16	821,700
	17	Accounts payable and accrued expenses	8,107	17	1,766
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	8,107	26	1,766
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and	•		
S		complete lines 27 through 29, and lines 33 and 34.			
JCe	27	Unrestricted net assets	285,694	27	637,434
alaı	28	Temporarily restricted net assets	161,500	28	182,500
d B	29	Permanently restricted net assets	·	29	·
un_		Organizations that do not follow SFAS 117 (ASC 958), check here   and			
orl		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
4ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances	447,194	33	819,934
	34	Total liabilities and net assets/fund balances	455,301	34	821,700

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	7	762,3	398
2	Total expenses (must equal Part IX, column (A), line 25)	3	391,8	315
3	Revenue less expenses. Subtract line 2 from line 1	3	370,5	583
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	147,1	194
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments		2,1	157
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		319,9	934
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	ÿ , i	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate 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, 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			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit 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 audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
EEA		Form	990 (2	2016)

#### SCHEDULE A

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

2016 Open to Public

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Inspection ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Prison Policy Initiative Inc 20-3671130 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Li Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . . . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-10 listed in your governing support (see above (see instructions)) instructions) instructions) document? Yes (A) (B) (C) (D) (E)

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	188,277	204,665	277,563	318,920	760,177	1,749,602
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	188,277	204,665	277,563	318,920	760,177	1,749,602
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						883,987
6	Public support. Subtract line 5 from line 4						865,615
	tion B. Total Support	() 22/2	# N = 0 + 0	( ) 55//	( 1) 22 ( 7	( ) 22.2	(D. T. ) .
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	188,277	204,665	277,563	318,920	760,177	1,749,602
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,657	1,079	1,757	2,853	2,221	9,567
9	Net income from unrelated business activities, whether or not the business is regularly carried on		·	·	·		·
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						1,759,169
12	Gross receipts from related activities, etc. (s	see instructions)				12	334,250
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶ 🗌
Sec	tion C. Computation of Public Su	• •					
14	Public support percentage for 2016 (line 6, o			))	• • • • • • • •		49.21 %
15	Public support percentage from 2015 Sched			• • • • • • • •	ı		53.26 %
16a	33 1/3% support test - 2016. If the organization						
	box and <b>stop here.</b> The organization qualit						· · · · · × ×
b	33 1/3% support test - 2015. If the organiz						
	this box and <b>stop here.</b> The organization of						• • • □
17a	10%-facts-and-circumstances test - 2010	•					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac		=				. $\Box$
	organization						• • • • □
b	10%-facts-and-circumstances test - 201	ŭ		•		IIIIe	
	15 is 10% or more, and if the organization				-	alv	
	Explain in Part VI how the organization meesupported organization			=			. □
18	Private foundation. If the organization did						••••
.5	instructions			•			▶ □

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

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

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year • •						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		I				
Cal	endar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6				-		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources • •						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • •						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su	•					
15	Public support percentage for 2016 (line 8, co	` '	•	f))	• • • • • • • • •	15	%
16	Public support percentage from 2015 Schedu				• • • • • • • •	16	%
	ction D. Computation of Investmen						
17	Investment income percentage for 2016 (line					17	%
18	Investment income percentage from 2015 S	·	•			18	%
	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box	and stop here.	The organization qu	ualifies as a public	ly supported organ	ization	▶□
	33 1/3% support tests - 2015. If the organization 18 is not more than 33 1/3%, check this	box and stop he	ere. The organization	on qualifies as a po	ublicly supported o	rganization	
20	Private foundation. If the organization did r	ot check a box o	on line 14, 19a, or 1	9b, check this box	and see instruction	ns	▶ 🗌

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### Part IV Supporting Organizations

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

### **Section A. All Supporting Organizations**

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

		Yes	No
	1		
	2		
	_		
	3a		
	O.L.		
	3b		
	2-		
	3с		
	1-		
	4a		
	16		
	4b		
	40		
	4c		
	E.		
	5a		
	5b		
	5c		
	30		
	6		
	J		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
e A (F		or 990	-EZ) 201

Pa	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		10	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
_				
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations		.:	١.
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	SIFUCI	IUTS)	
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b		· :	_4	.:\
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Scriedule A (FOITH 990 OF 990-LZ) 2010	ison Folicy initiative inc		20-307	1130 Tage
Part V Type III Non-Func	tionally Integrated 509(a)(3) Supporting Org	ganiza	tions	
1 Check here if the organiza	ation satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Ty	pe III non-functionally integrated supporting organiz	ations	must complete Sectio	ns A through E.
Section A. Adjusted Not Income			(A) Prior Voor	(B) Current Year
Section A - Adjusted Net Income			(A) Prior Year	(optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distr	butions	2		
3 Other gross income (see instr	ructions)	3		
4 Add lines 1 through 3		4		
5 Depreciation and depletion		5		
6 Portion of operating expenses	s paid or incurred for production or			
collection of gross income or for	management, conservation, or			
maintenance of property held for	production of income (see instructions)	6		
7 Other expenses (see instructi	ons)	7		
8 Adjusted Net Income (subtra	act lines 5, 6 and 7 from line 4)	8		
Castian D. Minimum Accet Ama			(A) Dries Vees	(B) Current Year
Section B - Minimum Asset Amo	uni		(A) Prior Year	(optional)
1 Aggregate fair market value of	f all non-exempt-use assets (see			
instructions for short tax year or a	assets held for part of year):			
a Average monthly value of sec	curities	1a		
<b>b</b> Average monthly cash balance	es	1b		
c Fair market value of other nor	n-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1	c)	1d		
e Discount claimed for blockage	je or other			
factors (explain in detail in Part	VI):			
2 Acquisition indebtedness app	licable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d		3		
4 Cash deemed held for exemp	t use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exempt-use	assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-year distri	butions	7		
8 Minimum Asset Amount (ad	ld line 7 to line 6)	8		
Section C - Distributable Amoun	t			Current Year
1 Adjusted net income for prior	year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	, , , , , , , , , , , , , , , , , , , ,	2		
	ior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line	• ,	4		
5 Income tax imposed in prior y		5		
	ract line 5 from line 4, unless subject to			

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

6

EEA

emergency temporary reduction (see instructions)

Sched	lle A (Form 990 or 990-EZ) 2016 Prison Policy Initiative		20-367	71130	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organia	zations (continued)		
Sec	tion D - Distributions			Current Ye	ar
1	Amounts paid to supported organizations to accomplish exem	npt purposes			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in <b>Part VI</b> ). See instructions.				
7	<b>Total annual distributions.</b> Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	organization is respons	sive		
	(provide details in <b>Part VI</b> ). See instructions.				
9	Distributable amount for 2016 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
	·	(i)	(ii) Underdistributions	(iii) Distributab	
	ection E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2	
1	Distributable amount for 2016 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2016				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2016:				
а					
b					
С	From 2013				
d	From 2014				
е	From 2015				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2016 distributable amount				
	Carryover from 2011 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2016 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2016 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
	Remaining underdistributions for years prior to 2016, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2016. Subtract lines 3h				
_	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2017. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
a	DIOGRACIANI OF INIO 7.				
	Excess from 2013				
	F ( 0011				
U	Excess from 2014				

d Excess from 2015e Excess from 2016

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	mice 2, e, and e. 7 lice complete time part ion any additional microaction (coordinates)

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

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service

► 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.

**Open to Public** Inspection

OMB No. 1545-0047

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.			
	e of organization	·		Employ	er identification number
Pr	ison Policy Initiative Inc			20-3	671130
Pa	rt I-A Complete if the organ	ization is exempt under section	on 501(c) or is	a section 527 or	ganization.
1	Provide a description of the organization's	•	• • • • • • • • • • • • • • • • • • • •		
	definition of "political campaign activities"	()			
2	Political campaign activity expenditures (s	see instructions)		▶ \$	
3	Volunteer hours for political campaign act			-	
Pa		ization is exempt under section			
1	Enter the amount of any excise tax incurre			<b>&gt;</b> \$	
2	Enter the amount of any excise tax incurre	ed by organization managers under sec	ion 4955	▶ \$	
3	If the organization incurred a section 495			-	
4a	Was a correction made?	•			
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the organ	ization is exempt under section	on 501(c), exc	ept section 501(c	)(3).
1	Enter the amount directly expended by the	•		•	, , , , , , , , , , , , , , , , , , ,
	activities		·	▶ \$	
2	Enter the amount of the filing organization	n's funds contributed to other organization	ns for section	-	
	527 exempt function activities	<del>_</del>		▶ \$	
3	Total exempt function expenditures. Add			· -	
	line 17b			▶ \$	
4	Did the filing organization file Form 1120	<b>D-POL</b> for this year?		<del>.</del>	Yes No
5	Enter the names, addresses and employe	er identification number (EIN) of all section	on 527 political org	anizations to which the	filing
	organization made payments. For each or	rganization listed, enter the amount paid	from the filing orga	nization's funds. Also e	nter
	the amount of political contributions received	ved that were promptly and directly deliv	ered to a separate	political organization, s	such
	as a separate segregated fund or a politi	cal action committee (PAC). If additiona	space is needed,	provide information in F	art IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) LIN	filing organization's	contributions received and
				funds. If none, enter -0-	<ul> <li>promptly and directly</li> </ul>
					delivered to a separate political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)					
(4)					
(5)					
(6)					

-	urt II-A Complete if the organization			(c)(3) and filed	20-3671 Form 5768 (elec		
	section 501(h)).	. io oxompt an		(0)(0) and mod			
Α	Check ► ☐ if the filing organization belongs to	an affiliated group	(and list in Part IV ea	ch affiliated group m	ember's		
	name, address, EIN, expenses, and	d share of excess lo	bbying expenditures	).			
В	Check ► ☐ if the filing organization checked bo	ox A and "limited co	ntrol" provisions app	ly.			
	Limits on Lobb	ying Expenditures	<u> </u>		(a) Filing	(b) Affiliated	
	(The term "expenditures" m	eans amounts pai	d or incurred.)		organization's totals	group totals	
1a	Total lobbying expenditures to influence public op	inion (grass roots	obbying)		2,896		
b	Total lobbying expenditures to influence a legislat	ive body (direct lob	bying)				
С	Total lobbying expenditures (add lines 1a and 1b)				2,896		
d	Other exempt purpose expenditures				390,141		
е	Total exempt purpose expenditures (add lines 1c	and 1d)			393,037		
f	Lobbying nontaxable amount. Enter the amount fr	om the following ta	ole in both				
	columns.				78,607		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:			
	Not over \$500,000	20% of the am	ount on line 1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	ver \$500,000.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	ver \$1,000,000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	er \$1,500,000.			
	Over \$17,000,000	\$1,000,000.					
g	Grassroots nontaxable amount (enter 25% of line	1f)			19,652		
h	Subtract line 1g from line 1a. If zero or less, enter	-0-					
i	Subtract line 1f from line 1c. If zero or less, enter	-0-					
j	If there is an amount other than zero on either line	1h or line 1i, did th	e organization file Fo	rm 4720			
						Yes No	
		•	ng Period Under	` '			
	(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.						
	See the separate instructions for lines 2a through 2f.)						
	Lobbyi	ing Expenditures I	During 4-Year Avera	aging Period			
		( ) 0040	# > 00 4 4	( ) 0045	(1) 0040	( ) <del>T</del>	

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	( <b>d)</b> 2016	(e) Total			
2a	Lobbying nontaxable amount	52,621	53,880	59,035	78,607	244,143			
b	Lobbying ceiling amount (150% of line 2a, column (e))					366,215			
С	Total lobbying expenditures	889	225	512	2,896	4,522			
d	Grassroots nontaxable amount	13,155	13,470	14,759	19,652	61,036			
е	Grassroots ceiling amount (150% of line 2d, column (e))					91,554			
f	Grassroots lobbying expenditures				2,896	2,896			

EEA Schedule C (Form 990 or 990-EZ) 2016

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

For	or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed		a)	(b)		
	cription of the lobbying activity.	Yes	No	An	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	or se	ction		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		• • •	2	$\rightarrow$	
3		· ·		3		
Ра	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OI answered "Yes."	H (D)	Part	III-A, II	ne 3	, IS
_			1			
1	Dues, assessments and similar amounts from members	• •				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
			20			
a	Current year	• •	2a 2b			
b	Total	• •	2c			
C			3			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	• •	3			
4						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		4			
_	and political expenditure next year?	• •	4			
5 <b>D</b> a	rt IV Supplemental Information	• •	5			
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, li se instructions); and Part II-B, line 1. Also, complete this part for any additional information.	nes 1	and			

### **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name	of the organization	Employer identification number
Pri	Ison Policy Initiative Inc	20-3671130
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	S.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes No
Pai		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	mportant land area
	Protection of natural habitat Preservation of a certified hist	oric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	ervation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation during the
	tax year  •	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easer	ments during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	``
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	escribes the
Da	organization's accounting for conservation easements.	w Oireilau A a a da
Pai	Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
4.	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	halama ahaat
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	lerance or
	public service, provide the following amounts relating to these items:	<b>.</b> •
	(i) Revenue included on Form 990, Part VIII, line 1	
^	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovide the
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	<b>.</b> •
a	Revenue included on Form 990, Part VIII, line 1	
<u>b</u>	Assets included in Form 990, Part X	•••• ▶ \$

	ule D (Form 990) 2016 Prison Policy					20-367		Page 2
Pai	rt III Organizations Maintaining C	Collections of A	rt, Historical T	reasures,	or Othe	er Similar As	sets (coi	ntinued)
3	Using the organization's acquisition, accession,	and other records, ch	neck any of the follo	owing that are	a significa	ant use of its		
	collection items (check all that apply):							
а	Public exhibition	<b>d</b> 🗌 Loa	n or exchange prog	grams				
b	Scholarly research	e 🗌 Oth	er					
С	Preservation for future generations							
4	Provide a description of the organization's collection	ctions and explain ho	w they further the o	organization's	exempt pi	urpose in Part		
	XIII.							
5	During the year, did the organization solicit or re	ceive donations of ar	t, historical treasure	es, or other sin	nilar			
	assets to be sold to raise funds rather than to b						□\	Yes No
Pai	rt IV Escrow and Custodial Arrang							
	Complete if the organization ar		n Form 990, Pa	art IV, line 9	, or rep	orted an amo	unt on Fo	orm
	990, Part X, line 21.		,	,	,			
1a	Is the organization an agent, trustee, custodian of	or other intermediary	for contributions or	other assets r	not			
		• • • • • • • • • •					🗆 <b>v</b>	Yes □ No
b	If "Yes," explain the arrangement in Part XIII and							
~	ii 100, oxpain tilo arrangonomin i arrxin arr	a complete the follow	ing table.			Δι	mount	
С	Beginning balance				1c		110 airt	
d								
e					1e			
f	Ending balance							
2a	Did the organization include an amount on Form					• • • • •		Yes No
	If "Yes," explain the arrangement in Part XIII. Cl							
b Dai	rt V Endowment Funds.	neck here it the expla	mation has been pr	Ovided on Fan		• • • • • • • •	• • • • •	•••□
rai	Complete if the organization ar	newered "Vec" or	n Form 000 Pa	rt IV line 1	Λ			
	Complete if the organization at					( D T )	( ) =	
4.	Deciminate of week helenes	(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three years back	(e) Fou	ır years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current	•	ne 1g, column (a)) l	held as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment ▶ %							
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should e	equal 100%.						
3a	Are there endowment funds not in the possessi	on of the organization	n that are held and	administered f	or the			
	organization by:							Yes No
	(i) unrelated organizations						. 3a(i)	
	(ii) related organizations						. 3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations I	isted as required on S	Schedule R? .				. 3b	
4	Describe in Part XIII the intended uses of the or	rganization's endown	nent funds.					
Pai	rt VI Land, Buildings, and Equipm	ent.						
	Complete if the organization ar	nswered "Yes" or	n Form 990, Pa	art IV, line 1	1a. See	Form 990, P	art X, lin	e 10.
	Description of property	(a) Cost or other	er basis (b) Cos	t or other basis	(c) /	Accumulated	(d) Boo	ok value
		(investme	ent)	(other)	de	epreciation		
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment			26,492		17,495		8,997
е	Other			·		-		
Tota	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (B), line	10c.)				8,997

Schedule D (Forn		Initiative Inc	20-36	/1130 Page
Part VII	Investments - Other Securities. Complete if the organization answe	red "Yes" on Form 990, Pa	art 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 valuati Cost or end-of-year market	
(1) Financial	derivatives	•		
(2) Closely-h	neld equity interests	•		
(3) Other		-		
(A)				
(B)		-		
(C)		-	1	
(D)		-		
(E)		-	-	
(F)		-		
(G)		-		
(H)		-		
Part VIII	o) must equal Form 990, Part X, col. (B) line 12.)  Investments - Program Related.			
Pait VIII	Complete if the organization answe	red "Yes" on Form 990, Pa	art IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)			1	
(6)				
(8)				
(9)				
Part IX	o) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.			
Tartix	Complete if the organization answe	red "Yes" on Form 990, P	art IV, line 11d. See Form 990	, Part X, line 15.
	(а	) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	nn (b) must equal Form 990, Part X, col. (B) line	15)		
Part X	Other Liabilities.	10.)	· · · · · · · · · · · · · · · · · · ·	
Turk	Complete if the organization answe	red "Yes" on Form 990. Pa	art IV. line 11e or 11f. See For	m 990. Part X.
	line 25.			
1. (4) Factorial	(a) Description of liability	(b) Book value		
	income taxes			
(2)		+		
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(0)				

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	762,398
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	762,398
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	-	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	760 200
5 <b>D</b> a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Dotur	762,398
га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ei netuii	
1	Total expenses and losses per audited financial statements	1	391,815
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	391,613
a	Donated services and use of facilities		
b	Prior year adjustments	-	
c	Other losses	-	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	391,815
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		331,013
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	-	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	5	391,815
	rt XIII Supplemental Information.		032,020
	ide 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; Pa	rt X. line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	•	
		·	

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Prison Policy Initiative Inc	20-3671130
01. Form 990 governing body review (Part VI, line 11)	
Executive Director emails to the full Board a copy of the 990 for re	eview and comments.
02. Conflict of interest policy compliance (Part VI, line 12c)	
Each board member is required to submit annual disclosure to the Ex	ecutive Director to be
submitted at a regular meeting of the board.	
03. CEO, executive director, top management comp (Part VI, line 15a	)
Reviewed by board of directors.	
04. Governing documents, etc, available to public (Part VI, line 19	)
Pursuant to the Exec Compensation Policy the Board reviews a report	of salaries of
individuals in similar positions in the industry and discusses with	out the executive
present the report and the performance of the executive with the re-	spect to the goals of
the agency.	
05. General explanation attachment	
Continued from Achievements:	
This year, our campaign against communication-based exploitation of	incarcerated people
has spurred prominent political leaders and journalists to take on	telephone justice and
to protect visitation from replacement with video calling systems.	
This year we saw progress on our campaign to correct the political	distortions caused by
the Census Rureau's practice of counting incarcerated people as res	idents of the towns in

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

Name of the organization

Employer identification number

Prison Policy Initiative Inc	20-3671130
which they are imprissoned rather than at their real home addresses. We or	ganized 100,000
people to call on the Census Bureau to end "prison gerrymandering," and the	e Census Bureau
published two Federal Register notices about the issue.	
Continued on Schedule O Continuned from Schedule O:	
Thanks in part to our report on driver's license suspensions, several state	es are
discussing eliminating the revocation or suspension of driver's liceses for	r people
convicted of unrelated drug offenses.	

990	Overflow Statement Pag		
Name(s) as shown on return		FEIN	
Prison Policy Initiative	Inc	20-3671130	

# Line 24e - All other expenses

Description		Amount	
Printing and Copying	\$	296	
Computer Supplies		2,725	
Research Tools		461	
Total:	\$	3,482	

# Line 24e - All other expenses

Description		Amount	
Bank Charges	\$	421	
Printing and copying		40	
Taxes		144	
Dues		360	
Total:	\$	965	

# Line 24e - All other expenses

Description		Amount	
Printing and copying	\$	59	
Total:	\$	59	