Form **990-EZ**

Short Form

2008

OMB No. 1545-1150

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other org- anizations with gross receipts less than \$1,000,000 and total assets
less than \$2,500,000 at the end of the year may use this form.

Open to Public Inspection

· Form 990-EZ (2008)

	artment of the Treasury rnal Revenue Service	less than \$2,500,000 at the end of the year may use this The organization may have to use a copy of this return to satisfy state if			Open to Public Inspection		
Δ	A For the 2008 calendar year, or tax year beginning Jul 1 , 2008, and ending Jun 30 , 2009						
В	Check if applicable:						
	Address change Plea	ise i			identification number		
	Name change label	or Number and street (or B.O. how if mail is not delivered to street address)	Room/suite F	Telephone	571130		
	Initial return type	,	L				
_	Termination See Spec	cific City or town, state or country, and ZID + 4		(413)	527-0815		
<u> </u>	Amended return linstr	s.	F		xemption		
L	Application pending	Northampton MA (01061		·············		
	• Section 501(must	c)(3) organizations and 4947(a)(1) nonexempt charitable trusts attach a completed Schedule A (Form 990 or 990-EZ).	G Accounting me Other (specify)	<u> </u>			
	Website: ► N/A				ganization is not		
'.			T 000 F7 + 000)-PF).	dule B (Form 990,		
K	Organization type (chec	ck only one) — X 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527 organization is not a section 509(a)(3) supporting organization and its		·	at was then		
I.	\$25,000. A return is	s not required, but if the organization chooses to file a return, be sure	to file a complete retu	irmany n irn.	ot more trian		
L	Add lines 5b, 6b, ar	nd 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file 0-EZ	Form 990		118,564.		
P	rt I Revenu	e, Expenses, and Changes in Net Assets or Fund Bala	nces (See the ins	structio			
		, gifts, grants, and similar amounts received			115,835.		
		rice revenue including government fees and contracts			2,716.		
		dues and assessments			<u> </u>		
		come					
	5a Gross amount	t from sale of assets other than inventory	1				
	b Less: cost or	other basis and sales expenses					
R E V		m sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)		5c			
Ž E	6 Special events an	nd activities (complete applicable parts of Schedule G). If any amount is from gaming, c	heck here 🟲 🗌				
Ŋ	a Gross revenue	e (not including \$ of contributions					
Ĕ		ne 1) 6a					
	l .	xpenses other than fundraising expenses		_			
		ess) from special events and activities (Subtract line 6b from line 6a)	ı	6c			
	l .	f inventory, less returns and allowances					
	1	goods sold	· I				
		r (loss) from sales of inventory (Subtract line 7b from line 7a)					
		escribe ► Interest Income			13.		
		e (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)			118,564.		
		milar amounts paid (attach schedule)					
E		to or for members					
E X P		er compensation, and employee benefits			73,666.		
E	į	fees and other payments to independent contractors			1,103.		
S E		ent, utilities, and maintenance			723.		
s		ications, postage, and shipping			654.		
		describe See Other Expenses Statement)	16 ► 17	3,620.		
		es (add lines 10 through 16)			79,766. 38,798.		
А	1				30, 190.		
N S E S T E	19 Net assets or figure reported	fund balances at beginning of year (from line 27, column (A)) (must a d on prior year's return)	agree with end-of-year	19	-6,034.		
- F		s in net assets or fund balances (attach explanation)					
S		fund balances at end of year. Combine lines 18 through 20			32,764.		
Pa		Sheets. If Total assets on line 25, column (B) are \$2,500,000 or m					
1		(See the instructions for Part II.)	(A) Beginning of		(B) End of year		
22	Cash, savings, an	d investments	8,85	53. 22	34,522.		
23	Land and building	s		0. 23	0.		
24	•			0.24	0.		
25			8,85	3. 25	34,522.		
26		escribe • See L-26 Stmt)			1,758.		
27	Net assets or fund	d balances (line 27 of column (B) must agree with line 21)	ı –6, 03	34. 27	32,764.		

FORM 990-EZ (2006) PLISON POLICY			4V	-30	/II3U Fage
Part III Statement of Program Se					Expenses
What is the organization's primary exempt purpose?	search and advocacy on incarce	eration policy including	the effects on th	(Red	uired for 501(c)(3) (4) organizations and
Describe what was achieved in carrying out the describe the services provided, the number of	ne organization's exempt purp persons benefited, or other re	oses. In a clear and cor elevant information for e	icise manner, each	4947	(4) Organizations and ((a)(1) trusts; optional
program title.				for o	thers.)
28 Accomplishments included					
te way the Census Bureau					
technical suggestions to the Cens			· · · · · · · · · · · · · · · · · · ·		
(Grants \$ 0.) If the	his amount includes foreign gr	rants, check here		28 a	62,630
29					
					
(Grants \$) If the	nis amount includes foreign gr	ants, check here		29 a	
30					
		· - ,,,			
	nis amount includes foreign gr	ants, check here		30 a	
31 Other program services (attach schedule (Grants \$) If the	nis amount includes foreign gr	ante chack hara		31 a	
32 Total program service expenses (add lii				32	62,630
Part IV List of Officers, Directors					
List of Officers, Directors	(b) Title and average hours		(d) Contributions		(e) Expense account
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensa	s and	and other allowances
Aleks Kajstura					
279 Amherst Road	President				
Sunderland MA 01375	2.00	0.		0.	
David Pepyne					
PO Box 31	Treasurer				
Ashfield MA 01330	1.00	0.		0.	
Christopher J. Sturr			•		
265 Webster St	Clerk			ı	
Boston MA 02128	1.00	0.		0.	
Angela Wessels				Ī	
9 Allston Street	Director				
Dorchester MA 02124	1.00	0.		0.	
Eric Lotke					
253 N. Columbus	Director				
Arlington VA 22203	1.00	0.		0.	
Annette Johnson					· ·
145 Nassau Street	Director				
New York NY 10038	1.00	0.		0.	
Peter Wagner				1	
	Exec Director				
Northampton, MA 01061	70.00	67 , 479.		0.	
	· · · · · · · · · · · · · · · · · · ·				
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				-	
]			
				- 1	

	Other Information (Note the Statement requirement in General instruction v.)			· • ·
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		<u>x</u>
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		Х
t	o if 'Yes,' complete Schedule L, Part II and enter the total amount involved			
	501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
40.6	section 4911 >; section 4912 >; section 4955 >			
ł	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 b		x
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
(Enter amount of tax on line 40c reimbursed by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		х
<i>A</i> 1	List the states with which a copy of this return is filed Massachusetts		·	1 21
7.	East the states with which a copy of this fedure is fined			
			00	
42 a	The books are in care of Peter Wagner Telephone no. P(413)		-084	<u> </u>
	Located at ► PO box 127 Northampton MA _ ZIP + 4 ► 01061	-		
		1	Yes	No
ŀ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	42 b	162	X
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42.0		Λ
	If 'Yes,' enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Х
	If 'Yes,' enter the name of the foreign country: ►			
	. 1997 Sixto distribution of the following:			
	0 (1 40474) (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here	• • • • •		
	and enter the amount of tax-exempt interest received or accrued during the tax year 43			····-
			Yes	No
			res	140
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	45		x
	Form 990 must be completed instead of Form 990-EZ	45 m 000	. == .	

(413)

Phone no. ▶

525-4100

Form 990-EZ (2008)

Yes

20-3671130 Page 4 Form 990-EZ (2008) Prison Policy Initiative, Inc. Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. Yes No 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 46 Х Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II ... 47 Х 48 Х Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Х 49 b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None. (d) Contributions to employee benefit plans and deferred compensation (e) Expense account and other allowances (b) Title and average (c) Compensation (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position None Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None. (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 None Total number of other independent contractors receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 11/09/09 Sign Signature of officer Date Here President Peter Wagner Type or print name and title. Preparer's Identifying Number (See instructions) Date Check if Preparer's Paid signature 12/10/09 Robert M. Calcasola employed Pre-Nolan, Calcasola & Company, CPA's Firm's name (or parer's yours if self-employed), address, and ZIP + 4 180 Denslow Road, P.O. Box 625

East Longmeadow

May the IRS discuss this return with the preparer shown above? See instructions

01028

MA

Use

Only

BAA

or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

A Revenue Service

e of the Treasury

Employer identification number

20-3671130 rison Policy Initiative, Inc. Reason for Public Charity Status (All organizations must complete this part.) (see instructions) e organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Other c | Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <u>11 g (i)</u> a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the organizations the organization supports (v) Did you notify the organization in col. (i) of your support? (vii) Amount of Support (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vi) Is the (iv) is the (ii) EIN (i) Name of Supported Organization organization in col.
(i) listed in your organization in col (i) organized in the U.S.? governing document? Yes No No Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2008

Par	till Support Schedule for (Complete only if you checked)	•		•	o)(I)(A)(IV) an	α του(α)(τ)(Α)(vi)
Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')			121,849.	19,892.	115,835.	257,576.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-3			121,849.	19,892.	115,835.	257 , 576.
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)					State of the state	
	Public support. Subtract line 5 from line 4					25 Mary 1998 (1998) (19	257,576.
Sec	tion B. Total Support	ı	1	T			<u> </u>
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4			121,849.	19,892.	115,835.	257,576.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources			469.	990.	13.	1,472.
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						259,048.
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	7,096.
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pu						
	Public support percentage for 20						99.43%
	Public support percentage for 20					·	92.62%
16 a	a 33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check the boolicly supported or	on line 13, and the danization.	ne line 14 is 33-1/	3 % or more, chec	k this box ►X
t	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13, or 16a, a ganization	and line 15 is 33-	1/3% or more, chec	ck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this bo	ox and stop here.	Explain in Part IV	how
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	nd-circumstances	' test, check this bo	ox and stop here.	Explain in Part IV	how the

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 Prison Policy Initiative, Inc.

<u> </u>	(Complete only if you chec	ked the box on lir	e 9 of Part I.)				
	tion A. Public Support	4-> 2004	(h) 200E	(2) 2006	(4) 2007	(0) 2009	(f) Total
1	ndar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Fotal
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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						
_	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	: Add lines 7a and 7b						
8	Public support (Subtract line			,			
	7c from line 6.)						
Sec	tion B. Total Support					·	
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included inline 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 IV.)						
13	Total support. (add Ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 i organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	a section 501(c)(3)	
	tion C. Computation of Pul			12 001		15	0,
	Public support percentage for 200	•					<u>%</u>
						16	<u>%</u>
	tion D. Computation of Investment income percentage for				un (f))	17	%
	Investment income percentage to Investment income percentage from						%
18 19 a	investment income percentage from 33-1/3 support tests — 2008. If the more than 33-1/3%, check this bo	e organization did	not check the bo	x on line 14, and	line 15 is more th	nan 33-1/3%, and lir	ne 17 is not
b	33-1/3 support tests — 2007. If the is not more than 33-1/3%, check	e organization did	l not check a box	on line 14 or 19a.	and line 16 is mo	ore than 33-1/3%, a	nd line 18
20	Private foundation. If the organiz						

Schedule A	Supplem Part II II	or 990-EZ) nental Inf ine 17a c	formation	rison Po LComplet Part III lii	e this part	to provide	the explanation	ation required	-3671130 by Part II, lin n. (see instruc	Page 4 ne 10; ctions)
	Taren, n	174 0	7 175, 01	1 art III, III		vide arry o	ther addition		11. (300 11300	<u> </u>
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Form 990-EZ Part II

Other Assets and Liabilities

2008

Name as Shown on Return Prison Policy Initiative, Inc.		ployer Identification No. -3671130	
Line 24 - Other Assets:	Beginning of Year	End of Year	
Totals to Form 990-EZ, Part II, line 24			
Line 26 - Total Liabilities:	Beginning of Year	End of Year	
Accrued Expenses Loan from Officer	4,887. 10,000.		
Totals to Form 990-EZ, Part II, line 26	14,887.	1,758.	

TEEW1801.SCR 04/21/08

Form 990-EZ, Part I, Line 16 **Other Expenses Statement**

Other expenses (describe)	
Accounting fees	400.
Bank charges	270.
Computer related	458.
Dues	250.
Telephone and Internet	1,533.
Promotion expense	38.
Supplies	235.
Fees	50.
Travel	386.
Total	3,620.

Supporting Statement of:

Form 990-EZ/Line 1

Description	Amount
Direct Public Support Grants	7,882. 107,953.
Total	115,835.

Supporting Statement of:

Form 990-EZ/Line 12

Description	Amount
Payroll Payroll Taxes	67,479. 1,800. 4,387.
Total	73,666.

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
Consultants	545.
Work Study Contractors	558.
Total	1,103.

Supporting Statement of:

Sch. A, page 2/Gross Receipts

	Description	Amount
Programs services	2006	1,975.
Programs services		2,405.
Programs services	2008	2,716.
Total		7,096.

Form **8868** (Rev April 2008)

Application for Extension of Time To File an Exempt Organization Return

Decartment of the Treasury
Mernal Revenue Service

► File a separate application for each return.

OMB No. 1545-1709

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only							
Automatic 3-Month Extension of Time. Only submit original (no copies needed). Acropration required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only							
Automatic 3-Month Extension of Time. Only submit original (no copies needed). A coporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only							
A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only					d Form 88	58.	
All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file forms 4506 filers, partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file one of the eturns noted below (6 months for a corporation required to file Form 950-T), However, you cannot file Form 8568 electronically if (1) you want a 3-month automatic extension of time to file one of the eturns noted below (6 months for a corporation required to file Form 950-T), However, you cannot file Form 8568 electronically if (1) you want a 3-month automatic extension of time to file one of the eturns noted below (6 months for a corporation or C) you file form 8568 file form 8568 electronically if (1) you want a 3-month file form 950-T form 950		Automatic 3-Month Exter	nsion of Time. Only submit original (no cop	pies needed).			
All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file forms 4506 filers, partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file one of the eturns noted below (6 months for a corporation required to file Form 950-T), However, you cannot file Form 8568 electronically if (1) you want a 3-month automatic extension of time to file one of the eturns noted below (6 months for a corporation required to file Form 950-T), However, you cannot file Form 8568 electronically if (1) you want a 3-month automatic extension of time to file one of the eturns noted below (6 months for a corporation or C) you file form 8568 file form 8568 electronically if (1) you want a 3-month file form 950-T form 950						_	
Prison Policy Initiative, Inc.	A corporation	n required to file Form 990-T and	d requesting an automatic 6-month extension — check	k this box and coi	mplete Part	: I only ▶ [
eturns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want he additional (not automatic) 3-month extension or (2) you life Forms 980-E. (606) or 8870, group returns, or composite or consolidated or m 990-T, instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of his form, visit with its governed and click on e-file for Chambes & Nonprofits. Vige or Annual Chamber File P.O. Dox 12 20-3671130	All other corp income tax r	porations (including 1120-C filer eturns.	s), partnerships, REMICS, and trusts must use Form	7004 to request a	nn extensio	n of time to file	
Prison Policy Initiative, Inc. Prison Policy Initiative, Inc. 20-3671130	r etu rns noted t he a dditiona F o rm 990-T.	d below (6 months for a corpora Il (not automatic) 3-month exten Instead, you must submit the fu	ion required to file Form 990-T). However, you canno sion or (2) you file Forms 990-BL, 6069, or 8870, gro Ily completed and signed page 2 (Part II) of Form 886	ot file Form 8868 o	electronical	ly if (1) you want	
Prison Policy Initiative, Inc. Nothampton Prom 990-T Form 990-T Form 990-P The books are in the care of Peter Wagner Telephone No. (413) 527-0845 If this is for a Group Return, eiter the organization's four digit Group, check this box. If this is for a Group Return, eiter the organization's four digit Group, check this box. I request an automatic 3-month (6 months for a corporation required to file Form 990-T), other examples and automatic 3-month (6 months for a corporation) return for: I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 16 20 10 ., to file the exempt organization's return for: I the stax year is for less than 12 months, check reason: I initial return Final return Change in accounting period at this gaplication is for Form 990-T, enter any retundable credits and estimated tax payments and in the structions. But this application is for Form 990-T, enter any retundable credits and estimated tax payments and in the prior year overpayment allowed as a credit this form, or, if required deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System), See instructions. 20-3671130 20-3671130 20-3671130 MA 01061 MA 01061 Form 4720 Form 8870 The books are in the care of Peter Wagner Telephone No. (413) 527-20845 Form 990-FF Form 990-		Name of Exempt Organization			Employer ide	entification number	
Prison Policy Initiative, Inc. 20-3671130	Type or						
Number, steet, and room or suite number. If a P.O. box, see instructions. PO Box 127 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Northampton MA 01061	print	Prison Policy Init	lative. Inc		20-3671120		
PO_Box_127 City, town or peat office, state, and ZIP code. For a foreign address, see instructions. Northampton MA_01061	ire by the				120-307	1130	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. Northampton	iling your	PO Box 127					
Northampton Ma 01061	eturn. See nstructions.		code. For a foreign address, see instructions.				
Form 990 Form 990-T (corporation) Form 990-T (corporation) Form 990-T (section 401(a) or 408(a) trust) Form 5227 Form 5227 Form 990-EZ Form 990-T (section 401(a) or 408(a) trust) Form 5227 Form 6069 Form 990-PF Form 1041-A Form 990-T (trust other than above) Form 8870 The books are in the care of Peter Wagner Form 1041-A Form 8870 Telephone No. (413) 527-0845 FAX No. (413) 527-2758 Form 8870 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for form 990-T, or file the exempt organization required to file Form 990-T, extension of time until Feb 16			•		147	01061	
Form 990.BL Form 990.T (section 401 (a) or 408 (a) trust) Form 5227 Form 6069 Form 990.PF Form 990.PF Form 1041.A Form 8870 Form 8870 The books are in the care of Peter Wagner Telephone No. (413) 527-2758 Form 8870 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box If this is for the whole group, check this box If this is for part of the group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group is for the organization's return for the organization named above. The extension is for the organization's return for: Calendar year 20	heck type (' 	ate application for each return):		MA	01061	
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Form 990-EZ Form 990-PF	_		` ' ' '	=			
Telephone No. ► (413) 527-0845 FAX No. ► (413) 527-2758 If the organization does not have an office or place of business in the United States, check this box ► (113) 527-0845 FAX No. ► (113) 527-2758 If the organization does not have an office or place of business in the United States, check this box ► (113) 527-2758 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► (114) and attach a list with the names and EINs of all members the extension will cover. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 16 , 20 10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► (115) (all this tax year beginning Jul 1 , 20 08 , and ending Jul 30 , 20 09 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period all fithis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a S 00							
The books are in the care of Peter Wagner Telephone No. (413) 527-0845							
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The extension is for the organization's return for: Calendar year 20	1 I reque	st an automatic 3-month (6 mon	ths for a corporation required to file Form 990-T) exte	ension of time			
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c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). 3c \$ aution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for ayment instructions.	3a If this a nonrefu	pplication is for Form 990-BL, 9 indable credits. See instructions	90-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any	3a \$	C	
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0 aution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for ayment instructions.					3b \$	C	
aution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for ayment instructions.	deposit	with FTD coupon or, if required	by using EFTPS (Electronic Federal Tax Payment Sy	ystem).	3c \$	0	
AA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 4-200			nic fund withdrawal with this Form 8868, see Form 84	53-EO and Form	8879-EO fo		
	AA For Pri	vacy Act and Paperwork Reduc	tion Act Notice, see instructions.		Forn	n 8868 (Rev. 4-200	

Accepted Extensions

Name/ SSN/EIN	Return Type/ DCN	Status	Date
Prison Policy Initiative, Inc. 20-3671130	990EZ Fed	1st Extension Accepted	11/09/2009