

Short Form
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)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning Jul 1, 2009, **and ending** Jun 30, 2010

| | | | |
|--|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization Prison Policy Initiative, Inc. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO Box 127 City or town, state or country, and ZIP + 4 Northampton MA 01061 | D Employer identification number 20-3671130 E Telephone number (413) 527-0845 F Group Exemption Number ► |
|--|---|--|---|

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
 Other (specify) ►

I Website: ► www.prisonpolicy.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 234,217.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | | | |
|--|---|---|-----------|----------|
| R E V E N U E | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 231,742. |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 816. |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less: cost or other basis and sales expenses | 5b | |
| | 5c | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/> | | |
| | 6a | a Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | |
| 6b | b Less: direct expenses other than fundraising expenses | 6b | | |
| 6c | c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | | |
| 7a | 7a Gross sales of inventory, less returns and allowances | 7a | | |
| 7b | b Less: cost of goods sold | 7b | | |
| 7c | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 | 8 Other revenue (describe ► <u>Administrative Reimbursements</u>) .. | 8 | 1,659. | |
| 9 | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► | 9 | 234,217. | |
| E X P E N S E S | 10 | 10 Grants and similar amounts paid (attach schedule) | 10 | |
| | 11 | 11 Benefits paid to or for members | 11 | |
| | 12 | 12 Salaries, other compensation, and employee benefits | 12 | 133,609. |
| | 13 | 13 Professional fees and other payments to independent contractors | 13 | |
| | 14 | 14 Occupancy, rent, utilities, and maintenance | 14 | 2,400. |
| | 15 | 15 Printing, publications, postage, and shipping | 15 | 1,285. |
| | 16 | 16 Other expenses (describe ► <u>See Other Expenses Statement</u>) | 16 | 22,990. |
| 17 | 17 Total expenses. Add lines 10 through 16 ► | 17 | 160,284. | |
| A S S E T | 18 | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 73,933. |
| | 19 | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 32,764. |
| | 20 | 20 Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► | 21 | 106,697. |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

| | | | | | |
|-------------------------------------|---|---------|------------------------------|----------|------------------------|
| (See the instructions for Part II.) | | | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | 34,522. | 22 | 113,442. | |
| 23 | Land and buildings | 0. | 23 | 0. | |
| 24 | 24 Other assets (describe ► _____) | 0. | 24 | 0. | |
| 25 | 25 Total assets | 34,522. | 25 | 113,442. | |
| 26 | 26 Total liabilities (describe ► <u>See L-26 Stmt</u>) | 1,758. | 26 | 6,745. | |
| 27 | 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 32,764. | 27 | 106,697. | |

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

| Part III Statement of Program Service Accomplishments (See the instructions.) | | Expenses | |
|--|--|--|----------|
| What is the organization's primary exempt purpose? <u>Research and advocacy on incarceration policy</u> | | (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.) | |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. | | | |
| 28 | <u>Accomplishments included educating the general public to the way the Census Bureau counts prisoners. Offered technical suggestions to the Census Bureau to lessen the harm of prison based gerrymandering</u> (Grants \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | 28 a | 129,489. |
| 29 | ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 29 a | |
| 30 | ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 30 a | |
| 31 | Other program services (attach schedule) ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 31 a | |
| 32 | Total program service expenses (add lines 28a through 31a) ----- | 32 | 129,489. |

| Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.) | | | | |
|---|--|--|---|--|
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-.) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
| <u>Aleks Kajstura</u> <u>279 Amherst Road</u> <u>Sunderland MA 01375</u> | Pres/General Counsel 42.00 | 40,669. | 0. | |
| <u>David Pepyne</u> <u>PO Box 31</u> <u>Ashfield MA 01330</u> | Treasurer 1.00 | 0. | 0. | |
| <u>Christopher J. Sturr</u> <u>265 Webster St</u> <u>Boston MA 02128</u> | Clerk 1.00 | 0. | 0. | |
| <u>Angela Wessels</u> <u>9 Allston Street</u> <u>Dorchester MA 02124</u> | Director 1.00 | 0. | 0. | |
| <u>Eric Lotke</u> <u>253 N. Columbus</u> <u>Arlington VA 22203</u> | Director 1.00 | 0. | 0. | |
| <u>Annette Johnson</u> <u>145 Nassau Street</u> <u>New York NY 10038</u> | Director 1.00 | 0. | 0. | |
| <u>Peter Wagner</u> <u>PO Box 127</u> <u>Northampton, MA 01061</u> | Exec Director 70.00 | 74,387. | 2,925. | |
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Part V Other Information (Note the statement requirements in the instrs for Part 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 | | X |
| 34 | Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes | | 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 why the organization did not report the income on Form 990-T. | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b | If 'Yes,' has it filed a tax return on Form 990-T for this year? | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions .. ▶ 37a 0. | | |
| b | Did the organization file Form 1120-POL for this year? | | X |
| 38a | 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 outstanding at the end of the period covered by this return? | | X |
| b | If 'Yes,' complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____ | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 | 40b | X |
| c | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | |
| e | 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 | 40e | X |
| 41 | List the states with which a copy of this return is filed ▶ <u>Massachusetts</u> | | |

42a The organization's books are in care of ▶ Peter Wagner Telephone no. ▶ (413) 527-0845
 Located at ▶ PO box 127 Northampton MA ZIP + 4 ▶ 01061

| | | Yes | No |
|--|--|------------|----|
| b | 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)? If 'Yes,' enter the name of the foreign country: ▶ _____ | 42b | X |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. | | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ▶ _____ | 42c | X |

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 |
|----|---|-----------|----|
| 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,' Form 990 must be completed instead of Form 990-EZ | 45 | X |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

| | Yes | No |
|--|------------|----|
| 46 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 | X |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If 'Yes,' was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's 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.'

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| None | | | | |
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f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| ----- | | |
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d Total number of other independent contractors each 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.

Sign Here ▶ _____ Date 11/03/10
 Signature of officer
 ▶ Peter Wagner Executive Director
 Type or print name and title.

Paid Preparer's Use Only
 Preparer's signature ▶ Robert M. Calcasola Date 11/04/10 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Nolan, Calcasola & Company, P.C. CPA's
180 Denslow Road, P.O. Box 625 EIN ▶ _____
East Longmeadow MA 01028 Phone no. ▶ (413) 525-4100

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Prison Policy Initiative, Inc.

Employer identification number

20-3671130

Part I 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 11, 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.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 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.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e 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).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|-----|----|
| (i) 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? | | |
| (ii) a family member of a person described in (i) above? | | |
| (iii) a 35% controlled entity of a person described in (i) or (ii) above? | | |

h Provide the following information about the supported organizations.

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of Support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
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| Total | | | | | | | | | |

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

Schedule **A** (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') | | 121,849. | 19,892. | 115,835. | 222,640. | 480,216. |
| 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-through 3 | | 121,849. | 19,892. | 115,835. | 222,640. | 480,216. |
| 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) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 480,216. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | 121,849. | 19,892. | 115,835. | 222,640. | 480,216. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | 469. | 990. | 13. | 816. | 2,288. |
| 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 IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 482,504. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,659. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.53% |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 99.43% |
| 16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/> | | |
| b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| 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 ▶ <input type="checkbox"/> | | |

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.") | | | | | | |
| 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 | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a 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 amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 | | | | | | |
| c 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 IV.) | | | | | | |
| 13 Total support. (add lns 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Form 990-EZ
Part II**

Other Assets and Liabilities

2009

Name as Shown on Return
Prison Policy Initiative, Inc.

Employer Identification No.
20-3671130

| Line 24 - Other Assets: | Beginning of Year | End of Year |
|--|--------------------------|--------------------|
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| | | |
| | | |
| | | |
| | | |
| Totals to Form 990-EZ, Part II, line 24 | | |
| Line 26 - Total Liabilities: | Beginning of Year | End of Year |
| Accrued Expenses | 1,758. | 6,745. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Totals to Form 990-EZ, Part II, line 26 | 1,758. | 6,745. |

Additional Information

Ma Form PC 16,17,18 page 4-14

Number 16 None

Number 17 See Form 990EZ Part IV page 2

Number 18:

Authorized to Sign Checks: Peter Wagner, Executive Director

Custody of Funds: Peter Wagner, Executive Director

Distribution of Funds: Board of Directors See Form 990EZ Part IV page 2

Fundraising: Board of Directors See Form 990EZ Part IV page 2

Custody of Financial Records: Peter Wagner, Executive Director

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2009, or fiscal year beginning Jul 1, 2009, and ending Jun 30, 2010.

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

2009

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Prison Policy Initiative, Inc.

Employer identification number

20-3671130

Name and title of officer

Peter Wagner

Executive Director

Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

| | | | | |
|--|-------------------------------------|--|-----------|-----------------|
| 1a Form 990 check here | <input type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b | |
| 2a Form 990-EZ check here | <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b | <u>234,217.</u> |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5b | |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 11/03/2010

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 04135510117
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 11/04/2010

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form 990-EZ, Part I, Line 16

Other Expenses Statement

| | |
|-------------------------------|-----------------------|
| Other expenses (describe) | |
| <u>Accounting fees</u> | <u>875.</u> |
| <u>Bank Charges</u> | <u>458.</u> |
| <u>Computer related</u> | <u>4,727.</u> |
| <u>Dues</u> | <u>440.</u> |
| <u>Telephone and Internet</u> | <u>3,181.</u> |
| <u>Promotion expense</u> | <u>155.</u> |
| <u>Supplies</u> | <u>3,664.</u> |
| <u>Fees</u> | <u>97.</u> |
| <u>Travel</u> | <u>5,837.</u> |
| <u>Insurance</u> | <u>1,156.</u> |
| <u>Program Consultants</u> | <u>2,400.</u> |
| Total | <u><u>22,990.</u></u> |

Supporting Statement of:

Form 990-EZ/Line 12

| Description | Amount |
|--------------------|-----------------|
| Salaries | 121,008. |
| Payroll Taxes | 9,676. |
| Employee Benefits | 2,925. |
| Total | <u>133,609.</u> |