### Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047 2020

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.

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

Open to Public

_		ue Service		<u>www.irs.gov/Form990 for ii</u>						inspection	
			ear, or tax year begin		07-0	1 , 2020, an	a enair	ng I		6-30 , <b>20</b> 21	
		applicable:		rison Policy Initia	tive Inc				D Empl	loyer identification number	
=	Address	change	Doing business as							20-3671130	
=	Name cha	ange	Number and street (or P	O. box if mail is not delivered to stree	t address)	F	Room/suit	е	E Telep	hone number	
=	Initial retu	ırn	69 Garfield A	ve Floor 1							
Ц	Final retu	rn/terminated	City or town, state or pro	vince, country, and ZIP or foreign pos	tal code				<b>G</b> Gros	s receipts	
Ц	Amended	l return	Easthampton, 1	MA 01027					\$	3,394,592	
	Applicatio	on pending	F Name and address of pr	incipal officer: <b>Timothy Fis</b> l	her			H(a) Is this a g	group return	for subordinates? Yes X No	
			Same as C above	<i>r</i> e				H(b) Are all s	subordinat	es included? Yes No	
<u> </u>	Tax-exen	npt status: X 501	(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(	(1) or 5.	27		If "No,"	attach a li	st. See instructions	
J	Website:	▶ www.pı	risonpolicy.or	<u> </u>				H(c) Group e	exemption	number	
		organization: X Corp	poration Trust As	sociation Other >	L	Year of formation	n: 200	5 M S	State of le	gal domicile: <b>MA</b>	
Pa	rt I	Summary									
	1	Briefly describe t	the organization's miss	ion or most significant activiti	es: <b>The</b>	Organizat	ion o	challen	ges		
4		over-crimin	nalizationand r	mass incarceration	through :	research,	advo	cacy a	nd or	ganizing.	
Activities & Governance											
rna											
ove	2			n discontinued its operations	•	f more than 25	5% of it	s net asset	ts.	1	
Ö	3	Number of voting	g members of the gove	erning body (Part VI, line 1a)				· • • • •	. 3	10	
S	4	Number of indep	endent voting membe	rs of the governing body (Par	t VI, line 1b)				. 4	10	
/itie	5	Total number of	individuals employed i	n calendar year 2020 (Part V	, line 2a)				. 5	15	
Ćţį	6	Total number of	volunteers (estimate if	necessary)				. <b></b> .	. 6	10	
٩				Part VIII, column (C), line 12						0	
	b	Net unrelated bu	usiness taxable income	from Form 990-T, Part I, line	e 11				. 7b	0	
								Prior Year		Current Year	
	8	Contributions and	d grants (Part VIII, line	1h)				1,117	,738	3,332,753	
ne	9	Program service	revenue (Part VIII, lin	e 2g)				22	2,000	30,000	
Revenue	10	Investment incon	me (Part VIII, column (	A), lines 3, 4, and 7d)				29	,454	29,589	
Re	11	Other revenue (F	Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c, and 11	e)			1	,482	2,250	
	12	Total revenue - a	add lines 8 through 11	(must equal Part VIII, column	(A), line 12)			1,170	,674	3,394,592	
	13	Grants and simila	ar amounts paid (Part	IX, column (A), lines 1-3) .						0	
	14	Benefits paid to	or for members (Part I	X, column (A), line 4)						0	
	15	Salaries, other co	compensation, employee benefits (Part IX, column (A), lines 5-10)						722	1,007,316	
Expenses	16a	Professional fund	draising fees (Part IX,	column (A), line 11e)						0	
pen	b	Total fundraising	expenses (Part IX, co	lumn (D), line 25) ▶		139,179					
Ä	17	Other expenses	(Part IX, column (A), li	nes 11a-11d, 11f-24e)				90	,938	117,909	
	18	Total expenses.	Add lines 13-17 (mus	t equal Part IX, column (A), lir	ne 25)			684	,660	1,125,225	
	19	Revenue less ex	penses. Subtract line	18 from line 12				486	,014	2,269,367	
ō	g						Begin	ning of Curre	ent Year	End of Year	
sets	20	Total assets (Pa	rt X, line 16)					2,222	,093	4,387,287	
Net Assets or	21	Total liabilities (F	. ,					110	,756	6,583	
				line 21 from line 20				2,111	,337	4,380,704	
	rt II	Signature I									
				ırn, including accompanying schedule ficer) is based on all information of wh			my know	ledge and bel	iet, it is		
Sig	n	Peter W									
		Signature of c		_					Da	ite	
He	е		Wagner, Executi	ve Director							
		· · ·	name and title	Dronovorio e'		Data				DTIN	
		Print/Type preparer		Preparer's signature		Date		Check	if	PTIN	
Pai		Robert Cal				02-27-202		self-em	ployed	P00229178	
	pare			alcasola & CO PC			Fi	rm's EIN 🕨			
US	e Only	y Firm's address ►	PO Box 6				Ph	none no.			
				ngmeadow MA 01028					413-	525-4100	
May	the IR	s discuss this retu	ım with the preparer sl	nown above? (see instruction:	S)					X Yes No	

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$

) (Revenue \$

Part IV

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . . . . х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . . 11e Х 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 Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . 12b Х 13 13 х 14a Х 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 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 x 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х 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

	1 990 (2020) Prison Policy Initiative Inc 20-3671	130	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	. 24a		Х
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		Х
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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	. 27		х
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	. 28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	. 28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	. 30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	. 32		х
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 L	. 33		х
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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	2		

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
	<b>Note:</b> 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?			Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		Х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			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			
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C L		
7	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).  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		v
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			Х
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
·	required to file Form 8282?	. 7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			22
e	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?			х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	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		
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	134		
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		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	. 15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

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	)		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
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		х
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		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	. 6		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		x
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	х	
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 on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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	х	
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	х	
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	х	
13	Did the organization have a written whistleblower policy?	. 13	х	
14	Did the organization have a written document retention and destruction policy?	14		х
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	х	
b	Other officers or key employees of the organization	15b		х
	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		Х
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		
	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 (1024 or 1024-A 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			
19	Describe on 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, 69 Garfield Ave Floor 1, Easthampton, MA 01027

# 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.

See instructions for the order in which to list the persons above.

Once the box is noticed the organization for any rola			•	(	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average	,				nan one s both an	,	Reportable	Reportable	Estimated amount
. talle and the	hours					/trustee)		compensation	compensation	of other
	per week							from the	from related organizations	compensation from the
	(list any hours for	or a	ns	Office	Ke	em Hig	Fol	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	direc	ttuti	cer	y em	hest	Former	(** = *********************************		related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee				
	below	ustee	trust		ee	pen				
	dotted line)		ee			Highest compensated employee				
						0				
(1) Peter Wagner	70.00									
Executive Director				х				178,333	0	5,350
(2) Sharon Cromwell	1.00									
Director		х						0	0	0
(3) Leslie Smith	1.00									
Director		х						0	0	0
(4) Paul Watterson	1.00									
Director		х						0	0	0
(5) Liliana Rodriguez	1.00									
Director		х						0	0	0
(6) Michelle Crentsil										
Director		х						0	0	0
(7) Elena V Lavarreda	2.00									
Director		х						0	0	0
(8) Edward Epping	1.00									
Director		х						0	0	0
(9) Bernadette Rabuy	1.50									
Clerk		х		х				0	0	0
(10)Timothy Fisher	2.00									
President		х		х				0	0	0
(11)Dan Kopf	1.00									
Treasurer		х		х				0	0	0
<u>(12)</u>										
<u>(13)</u>										
(14)										

EEA Form **990** (2020)

Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyees	s, ar		lighe (C)	est Co	mp	ensated Employe	es (continued	<u>"                                    </u>			
	(A) Name and title	(B)  Average hours per week (list any	Position (do not check more than or box, unless person is both officer and a director/truste						(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations		con	(F) ated am of other npensat rom the	r
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC	;)	-	nization I organiz	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c d	Subtotal	tion A .			 		 	· <b>&gt;</b>	178,333		0		5,	350
2	Total number of individuals (including but not limit reportable compensation from the organization		isted a	bove	e) wh	no re	eceive	d mo	ore than \$100,000	of				1
3	Did the organization list any <b>former</b> officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>		-				-					3	Yes	No x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater the													
5	individual	compensation	on from	any	unr		_					5	Х	x
Secti	on B. Independent Contractors	-												
1	Complete this table for your five highest compensation from the organization. Report compensation from the organization.										ear.			
	(A)			01100	<u> , .</u>	<u>, a. c</u>	9		(B)			(C)		
	Name and business addres	SS							Description of service	es		Compens	ation	
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-				ted a	above)	) wh	0					

Form 990 (2020) Prison Policy Initiative Inc
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in thi	s 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 1a					Sections 312-314
	b	Membership dues					
nts nts	C	Fundraising events					
Gra	d	Related organizations 1c					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 1e					
<u>a</u> <u>i</u>	f	All other contributions, gifts, grants,	31,320				
Sin	•	and similar amounts not included above 1f	3,235,225				
buti her	q	Noncash contributions included in	3,233,223				
ğ	9		\$ 227,394				
S Ĕ	h			3,332,753			
		Totali / Nac iii loo Ta Ti	Business Code	373327733			
	2a		Buoinoso codo				
8	_	Program Revenue	611430	30,000	30,000		
ervi ue	C	riogiam Revenue	011430	30,000	30,000		
n S /en	d						
Jrar Re	e						
Program Service Revenue		All other program service revenue					
ш.		Total. Add lines 2a-2f		30,000			
		Investment income (including dividends, interest,		30,000			
	3	other similar amounts)		29,589			29,589
	4	Income from investment of tax-exempt bond pro-	1				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a	(1) 1 2 2 2 1 1 2 1				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from (i) Securities	(ii) Other				
	l'a	sales of assets					
		other than inventory <b>7a</b>					
	b	Less: cost or other basis					
ā		and sales expenses 7b					
venue	С	Gain or (loss) 7c					
		Net gain or (loss)					
Other Re	l .	Gross income from fundraising					
₽		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	a				
	b	Less: direct expenses 8	b				
	С	Net income or (loss) from fundraising events					
	9a	Gross income from gaming					
		activities, See Part IV, line 19 9	a				
	b	Less: direct expenses 9	b				
	С	Net income or (loss) from gaming activities	. ,				
	10a	Gross sales of inventory, less					
		retums and allowances 10	)a				
	l .		)b				
	С	Net income or (loss) from sales of inventory $\ \ .$					
			Business Code				
S	11a	Honoraria	900099	2,250	2,250		
ano nue	b						
eve Eve	С						
Miscellanous Revenue		All other revenue					
		<b>Total.</b> Add lines 11a-11d		2,250			
	12	<b>Total revenue.</b> See instructions		3,394,592	32,250	0	29,589

#### 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 (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service 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 Grants and other assistance to domestic 2 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, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 7 Other salaries and wages . . . . . . . . . . . . . . 905,694 724,555 63,399 117,740 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 25,335 20,268 1,773 3,294 9 10 76,287 61,030 5,340 9,917 11 Fees for services (nonemployees): b 1,758 1,437 125 196 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 55,683 55,683 12 2,297 1,877 164 256 13 8,287 6,938 699 650 14 18,249 14,918 1,299 2,032 15 <u>1,</u>103 16 9,900 8,092 705 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 44 36 3 5 21 22 Depreciation, depletion, and amortization . . . . . . 23 363 5,098 4,167 568 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Telephone and Internet 7,400 527 824 6,049 b Postage and Shipping 2,778 1,191 198 1,389 1,542 1,260 110 172 С Dues d Research Tools 429 354 29 46 2,983 All other expenses 4,444 474 987 Total functional expenses. Add lines 1 through 24e. . 25 1,125,225 910,838 75,208 139,179 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>	<u></u>	
	-		(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	794,608	1	3,346,293
	2	Savings and temporary cash investments	1,427,485	2	1,040,994
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	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 26,492		10c	
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	2,222,093	16	4,387,287
	17	Accounts payable and accrued expenses	13,228	17	6,583
	18	Grants payable		18	
	19	Deferred revenue	97,528	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		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	110,756	26	6,583
		Organizations that follow FASB ASC 958, check here ▶ 🗓			
S		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	2,093,420	27	4,377,704
ala	28	Net assets with donor restrictions	17,917	28	3,000
В В		Organizations that do not follow FASB ASC 958, check here ▶			
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	2,111,337	32	4,380,704
	33	Total liabilities and net assets/fund balances	2,222,093	33	4,387,287

EEA Form 990 (2020)

Schedule O.

EEA Form 990 (2020)

3a

3b

х

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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 on Schedule O and describe any steps taken to undergo such audits

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

# **Public Charity Status and Public Support**

OMB No. 1545-0047

2020

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.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Pri	son	Policy Initiative Inc					20-367113	0				
Pa	art I	Reason for Public Charity	<b>y Status.</b> (All o	rganizations must c	omplete	this par	t.) See instructions	3.				
The	orgar	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.	)						
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).						
2		A school described in section 170(b	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)						
3	П	A hospital or a cooperative hospital s	service organization	n described in section 1	70(b)(1)(A	A)(iii).						
4	=	A medical research organization ope	•				(1)(A)(iii). Enter the					
-		hospital's name, city, and state:				,	(1)(1)(1)(1)					
5	П	An organization operated for the bene	ofit of a college or u	iniversity owned or oners	ated by a c	overnment	tal unit described in					
J	ш	- · · · · · · · · · · · · · · · · · · ·	_	iniversity owned or opera	aled by a g	joverninem	ai unit described in					
_		section 170(b)(1)(A)(iv). (Complete	,		470(1.)(4)	(A)(-)						
6		A federal, state, or local government	•									
7	X	An organization that normally receive	•		/ernmental	unit or fror	n the general public					
		described in section 170(b)(1)(A)(vi		•								
8	=	A community trust described in <b>secti</b>										
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 receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gross					
		receipts from activities related to its e	exempt functions - s	subject to certain exception	ons; and (2	2) no more	than 33 1/3% of its					
		support from gross investment income	e and unrelated but	siness taxable income (le	ess section	1511 tax) f	rom businesses					
		acquired by the organization after Ju	ne 30, 1975. See <b>s</b>	section 509(a)(2). (Com	plete Part	III.)						
11		An organization organized and opera	ated exclusively to	test for public safety. Se	e <b>section</b>	509(a)(4).						
12	П	An organization organized and operat	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purposes	3				
		of one or more publicly supported org	ganizations describ	ped in <b>section 509(a)(1)</b>	or <b>section</b>	n 509(a)(2)	. See section 509(a)(	3).				
		Check the box in lines 12a through 12	=					•				
	а	Type I. A supporting organization				•		-				
	_	the supported organization(s) the		•		•		.9				
		supporting organization. <b>You mu</b>			ity of the c		tradiced of the					
	b	Type II. A supporting organization	•		ith ite eunr	orted orga	nization(s) by baying					
	b		•			_	. ,					
		control or management of the sup		•	ISOIIS IIIAI (	CONTROL OF TH	nanage the supported					
		organization(s). You must comp				90	( 11	d.				
	С	Type III functionally integrated		·				tn,				
		its supported organization(s) (see	•	•				( )				
	d	☐ Type III non-functionally integr					•	n(s)				
		that is not functionally integrated.		•		•	it and an attentiveness					
		requirement (see instructions). Y	•									
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Гуре II, Туре III					
		functionally integrated, or Type III	I non-functionally in	ntegrated supporting orga	anization.							
	f	Enter the number of supported organ										
	g	Provide the following information about	ut the supported or	ganization(s).	1							
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of				
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)				
							,	,				
					Yes	No						
(A)												
( <u>^</u> )												
(B)												
(5)												
(C)												
(C)												
(D)												
(D)												
Æ)												
(E)												
Tota	al											

20-3671130 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	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	760,177	687,566	1,160,471	1,117,738	3,332,753	7,058,705
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						
	Total. Add lines 1 through 3	760,177	687,566	1,160,471	1,117,738	3,332,753	7,058,705
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)						3,416,732
	Public support. Subtract line 5 from line 4						3,641,973
	ction B. Total Support	(-) 0040	(I-) 0047	(-) 0040	(-1) 0040	(-) 0000	(6) T-1-1
	endar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_	Amounts from line 4	760,177	687,566	1,160,471	1,117,738	3,332,753	7,058,705
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	2,221	E 106	14 106	20 454	29,589	90 646
9	Net income from unrelated business	2,221	5,186	14,196	29,454	29,569	80,646
3	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	<b>Total support.</b> Add lines 7 through 10						7,139,351
	Gross receipts from related activities, etc. (se	ee instructions				12	181,311
	First five years. If the Form 990 is for the or				L	section 501(c	
	organization, check this box and stop here			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · ·	▶ 🗍
Sec	ction C. Computation of Public Suppor						
14	Public support percentage for 2020 (line 6, c	olumn (f), divid	led by line 11, o	column (f))		14	51.01 %
	Public support percentage from 2019 Sched					15	54.98 %
16a	33 1/3% support test - 2020. If the organiza	ition did not ch	eck the box on	line 13, and lir	ne 14 is 33 1/39	% or more, che	eck this
	box and <b>stop here.</b> The organization qualified	es as a publicly	supported orga	anization		. <b></b> .	<b>&gt; x</b>
k	33 1/3% support test - 2019. If the organiza						
	this box and <b>stop here.</b> The organization qu	-		-			
17a	10%-facts-and-circumstances test - 2020.	-					
	10% or more, and if the organization meets t						
	Part VI how the organization meets the facts			-			
	organization						_
k	10%-facts-and-circumstances test - 2019.	U					
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fac			-	· ·		
46	organization						▶ □
18	<b>Private foundation.</b> If the organization did n						. $\square$
	instructions						<b>▶</b>

#### **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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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) organ	nizations: Complete Part III.			
	e of organization	•		Employ	er identification number
Pr	ison Policy Initiative	e Inc			20-3671130
		organization is exempt under	section 501(c)	or is a section 5	27 organization.
1	Provide a description of the organ	nization's direct and indirect political can	npaign activities in P	art IV. (See instruction	s for
	definition of "political campaign a	ctivities")			
2	Political campaign activity expen-	ditures (See instructions)			▶ \$
3	Volunteer hours for political camp	paign activities (See instructions) .			• •
Pa		organization is exempt under			
1	Enter the amount of any excise ta	ax incurred by the organization under se	ction 4955		▶ \$
2	Enter the amount of any excise ta	ax incurred by organization managers ur	nder section 4955		<b>▶</b> \$
3		tion 4955 tax, did it file Form 4720 for thi			
4a	Was a correction made?				Yes
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the	organization is exempt under	section 501(c)	, except section	501(c)(3).
1	Enter the amount directly expend	ed by the filing organization for section 5	527 exempt function	•	
	activities				▶ \$
2		anization's funds contributed to other or			
	527 exempt function activities .				▶ \$
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and on	Form 1120-POL,		
	line 17b				▶ \$
4		rm 1120-POL for this year?			
5	Enter the names, addresses and	employer identification number (EIN) of	all section 527 politi	cal organizations to wl	nich the filing
	organization made payments. For	r each organization listed, enter the amo	unt paid from the filir	ng organization's funds	s. Also enter
	the amount of political contribution	ns received that were promptly and direct	ctly delivered to a se	parate political organi	zation, such
	as a separate segregated fund of	r a political action committee (PAC). If a	dditional space is ne	eded, provide informa	tion in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	om (e) Amount of political
	• •	, ,	. ,	filing organization	
				funds. If none, enter	-0 promptly and directly delivered to a separate
					political organization.
					If none, enter -0
(	1)				
(	2)				
(	3)				
(	4)				
(	(5)				
(	(6)				

Sche	edule C (Form 990 or 990-EZ) 2020 Prison Policy	Initiative Inc	20-36711	30 Page <b>2</b>
Pa	art II-A Complete if the organization	is exempt under section 501(c)(3) and filed	Form 5768 (electi	on under
	section 501(h)).			
Α	Check ► ☐ if the filing organization belongs to a	n affiliated group (and list in Part IV each affiliated group n	nember's name,	
	address, EIN, expenses, and share of	of excess lobbying expenditures).		
В	Check ► ☐ if the filing organization checked box	A and "limited control" provisions apply.		
	Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public opir	nion (grassroots lobbying)		
b	Total lobbying expenditures to influence a legislative	ve body (direct lobbying)	3,114	
С	Total lobbying expenditures (add lines 1a and 1b)		3,114	
d	Other exempt purpose expenditures		1,126,709	
е	Total exempt purpose expenditures (add lines 1c a	nd 1d)	1,129,823	
f	Lobbying nontaxable amount. Enter the amount from	m the following table in both		
	columns.		187,982	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line 1	lf)	46,996	
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 1	Ih or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?		[	Yes No

#### 4-Year Averaging Period Under section 501(h)

(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.)

	Lo	bbying Expenditures Du	ıring 4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) Total
2a	Lobbying nontaxable amount	91,890	111,418	127,699	187,982	518,989
b	Lobbying ceiling amount (150% of line 2a, column (e))					778,484
c	Total lobbying expenditures	1,053	44		3,114	4,211
d	Grassroots nontaxable amount	22,973	27,855	31,925	46,996	129,749
е	Grassroots ceiling amount (150% of line 2d, column (e))					194,624
f	Grassroots lobbying expenditures	1,053	44			1,097

EEA Schedule C (Form 990 or 990-EZ) 2020 Schedule C (Form 990 or 990-EZ) 2020 Prison Policy Initiative Inc 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)).

Eor	each "Voe" response on lines to through ti below provide in Part IV a detailed	(6	a)		(b)	
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed 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?			<u> </u>		
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?	<u> </u>				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), (	or se	ction		
	501(c)(6).					
					Yes No	)
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3		_
ıa	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" OF				ne 3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members	• •	1			
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).					
а	Current year		2a			
b	Carryover from last year		2b	<u> </u>		_
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• •	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?	• •	4			
5	Taxable amount of lobbying and political expenditures (See instructions)		5			
	rt IV Supplemental Information					
	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			
2 (00	to more determine, and if are in B, into 1.7 1100, complete the part for any additional information.					

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

Department of the Treasury

# **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.

Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

ı tallı e	or the Organization	Employer identification number
	son Policy Initiative Inc	20-3671130
Pa		unts.
	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).	
		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	. 2b
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, 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 org	
	tax year ▶	3.1
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?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservati	
	<b>▶</b>	3
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
	<b>▶</b> \$	,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describes the
	organization's accounting for conservation easements.	
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	ance of 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 FASB ASC 958, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gai	
	following amounts required to be reported under FASB ASC 958 relating to these items:	•
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	

Sched	ule D (Form 990) 2020 Prison Policy In:						20-3671		Page 2
Pai	t III Organizations Maintaining Co	ollections of	Art, His	torical 1	Treasures,	or Ot	her Similar As	sets (cor	ntinued)
3	Using the organization's acquisition, accession, a	and other records,	check any	of the follo	owing that mak	ke signit	ficant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan	or exchange p	rogram	S		
b	Scholarly research		е	Other					
С	Preservation for future generations								<del></del>
4	Provide a description of the organization's collect	tions and explain	how they f	urther the	organization's	exempt	purpose in Part		
	XIII.	·	•		· ·	·			
5	During the year, did the organization solicit or rec	eive donations of	art. histori	cal treasur	es. or other sir	milar			
	assets to be sold to raise funds rather than to be							. Yes	□No
Pai	t IV Escrow and Custodial Arrang			<u> </u>					
	Complete if the organization and		on Form	990. Pa	art IV. line 9	or re	ported an amo	ount on Fo	rm
	990, Part X, line 21.				,	,			
1a	Is the organization an agent, trustee, custodian or	r other intermedia	rv for contr	ibutions or	other assets r	not			
			-					Tyes	□No
b	If "Yes," explain the arrangement in Part XIII and								
-	The state of the s		- · · · · · · · · · · · · · · · · · · ·				Am	ount	
С	Beginning balance					1c		0 0.1.1	
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Form							. Yes	No
	If "Yes," explain the arrangement in Part XIII. Ch					•			
-	t V Endowment Funds.	CONTION II THE CA	piariation	ao boon pi	Ovidea cirr ai				
. u.	Complete if the organization and	swered "Yes"	on Form	990 Pa	art IV line 1	0			
	Complete ii the organization and	(a) Current year		or year	(c) Two years I		(d) Three years back	(e) Four ye	are hack
1a	Beginning of year balance	(a) Current year	(5) 111	or year	(c) Two years i	back	(d) Three years back	(e) Four ye	ars back
b	Contributions								
C	Net investment earnings, gains, and								
·	losses								
d	Grants or scholarships								
u o	Other expenditures for facilities and								
Е	programs								
f	Administrative expenses								
	End of year balance								
g 2	Provide the estimated percentage of the current y	year and halance	(line 1a co	olumn (a))	hold as:				
٠,	Board designated or quasi-endowment			numm (a))	neiu as.				
a h	Permanent endowment > %								
b	Term endowment > %								
С	The percentages on lines 2a, 2b, and 2c should e	agual 100%							
3a	Are there endowment funds not in the possessio		tion that are	a held and	administered f	or tha			
Ja	organization by:	orror trie organizat	lion that an	e neiu anu	aummstereu	OI THE		V	'es No
	(i) Unrelated organizations								es NO
	(ii) Related organizations							. 3a(i) . 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the organization	•				• • • •		. 30	
	t VI Land, Buildings, and Equipme		WITH CHILLIUM	<i>.</i>					
ı al	Complete if the organization and		on Form	990 Pa	art IV line 1	1a S	ee Form 990 I	Part X line	<del>-</del> 10
	Description of property	(a) Cost or oth			or other basis		Accumulated	(d) Book v	
	резсприон огргорену	(a) Cost or oth		` '	other)		epreciation	(u) DOOK V	aiut
1a	Land	,	7		- /	-			
ıa b	Buildings								
C	Leasehold improvements								
d	Equipment				26 492		26 492		
u	Calculation				26,492		26,492		

	(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuation: ost or end-of-year market value
(1) Financial of	derivatives			
(2) Closely-he	eld equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(1)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11c. See Fo	orm 990, Part X, line 13.
	(a) Description of investment	(b) Book value	Co	(c) Method of valuation: ost or end-of-year market value
(1)				,
(2)				
(3)				
(4)				
(5)				
(6)				
<b>(=)</b>				
(7)				
(7) (8)				
(8) (9) Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
(8) (9)	Other Assets.			
(8) (9) Total. (Colum		rm 990, Part IV, lin	ne 11d. See Fo	orm 990, Part X, line 15.
(8) (9) Fotal. (Colum Part IX	Other Assets.	rm 990, Part IV, lin	ne 11d. See Fo	orm 990, Part X, line 15.
(8) (9)  Total. (Column Part IX	Other Assets.  Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	ne 11d. See Fo	
(8) (9) Total. (Colum Part IX (1) (2)	Other Assets.  Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	ne 11d. See Fo	
(8) (9) Total. (Colum Part IX (1) (2) (3)	Other Assets.  Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	ne 11d. See Fo	
(8) (9) Total. (Colum) Part IX (1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	ne 11d. See Fo	
(8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	ne 11d. See Fo	
(8) (9) Total. (Colum Part IX  (1) (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	ne 11d. See Fo	
(8) (9) Total. (Colum) Part IX  (1) (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	ne 11d. See Fo	
(8) (9) Total. (Colum) Part IX  (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	ne 11d. See Fo	
(8) (9) Total. (Colum) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes" on Foliation (a) Description			(b) Book value
(8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" on Folia (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)			
(8) (9) Total. (Colum) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes" on Form (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)			(b) Book value
(8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets.  Complete if the organization answered "Yes" on Foi  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Foi			(b) Book value
(8) (9)  Total. (Colum)  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colum)  Part X	Other Assets.  Complete if the organization answered "Yes" on Folia (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Folia line 25.	rm 990, Part IV, lin		(b) Book value
(8) (9) Fotal. (Colum) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum) Part X	Other Assets.  Complete if the organization answered "Yes" on Folia (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Folia (b) Description of liability (b) Book	rm 990, Part IV, lin		(b) Book value
(8) (9) Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  I. (1) Federal i	Other Assets.  Complete if the organization answered "Yes" on Folia (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Folia line 25.	rm 990, Part IV, lin		(b) Book value
(8) (9) Fotal. (Colum. Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum. Part X  I. (1) Federal i (2)	Other Assets.  Complete if the organization answered "Yes" on Folia (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Folia (b) Description of liability (b) Book	rm 990, Part IV, lin		(b) Book value
(8) (9) Fotal. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X  1. (1) Federal i (2) (3)	Other Assets.  Complete if the organization answered "Yes" on Folia (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Folia (b) Description of liability (b) Book	rm 990, Part IV, lin		(b) Book value
(8) (9) Total. (Colum) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum) Part X  1. (1) Federal i (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes" on Folia (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Folia (b) Description of liability (b) Book	rm 990, Part IV, lin		(b) Book value
(8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal i (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes" on Folia (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Folia (b) Description of liability (b) Book	rm 990, Part IV, lin		(b) Book value
(8) (9) Total. (Column Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal i (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes" on Folia (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Folia (b) Description of liability (b) Book	rm 990, Part IV, lin		(b) Book value
(8) (9) Total. (Colum) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum) Part X  1. (1) Federal i (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes" on Folia (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Folia (b) Description of liability (b) Book	rm 990, Part IV, lin		(b) Book value
(8) (9) Fotal. (Colum. Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum. Part X  1. (1) Federal i (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes" on Folia (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Folia (b) Description of liability (b) Book	rm 990, Part IV, lin		(b) Book value
(8) (9) Total. (Colum. Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum. Part X  1. (1) Federal i (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes" on Folia (a) Description  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.  Complete if the organization answered "Yes" on Folia (b) Description of liability (b) Book	rm 990, Part IV, lin		(b) Book value

Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Ret	urn.
	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	3,394,592
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	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.)	-	
e	Add lines 2a through 2d	2e	2 224 522
3	Subtract line 2e from line 1	3	3,394,592
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990. Part VIII, line 7b 4a		
a b	Investment expenses not included on Form 990, Part VIII, line 7b		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	3,394,592
_	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	_	
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	pc	(Ctarrii
1	Total expenses and losses per audited financial statements	1	1,125,225
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1,123,223
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 <b>2e</b> from line <b>1</b>	3	1,125,225
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1,123,223
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)	5	1,125,225
Pa	rt XIII Supplemental Information.		_,
	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; Fart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2020

#### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2020

Open to Public Inspection

Prison Policy Initiative Inc

Employer identification number 20-3671130

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	<u> </u>			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			l
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			l
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			l
	1a?	2		l
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	<del>-</del> · · ·			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		x
~	If "Yes" on line 5a or 5b, describe in Part III.			
	ii 165 on iiile 50 or 50, desonbe ii 1 dit iii.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
O				
_	compensation contingent on the net earnings of:	0-		
	The organization?	6a		Х
D	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
_				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
	-			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Peter Wagner	(i)	178,333	0	0	5,350	0	183,683	0
1 Executive Director	(ii)	0	0	0	0	0	0	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
_	(i)							
6	(ii)							
_	(i)							
7	(ii)							
8	(i)							
•	(ii) (i)							
9	(ii)							
<u> </u>	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

EEA Schedule J (Form 990) 2020

#### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Employer identification number

Name of	the organization				Employer id	entification numb	er		
	on Policy Initiative Inc				20-3673	L130			
Part	I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor	ted on	Method on noncash cor			
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	х	22		227,394	Fair Marl	ket \	/alue	
10	Securities - Closely held stock				•				
11	Securities - Partnership, LLC,								
	or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation								
	contribution - Historic								
	structures								
14	Qualified conservation								
• •	contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other					<del> </del>			
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy					<u> </u>			
22	Historical artifacts								
23	Scientific specimens								
	Archeological artifacts								
24						<del>                                     </del>			
25	Other ► ()					<del>                                     </del>			
26	Other ► ()					<del> </del>			
27	Other ► ()								
28	Other ► (		de séa estida de servicio de la constalla de			<del>                                     </del>			
29	Number of Forms 8283 received by the	•	• •						
	which the organization completed Form	8283, Part V	, Donee Acknowledgement	• • • • • • • •		29			
	<b>5</b>			D 11 11 4 11				Yes	No
30a	During the year, did the organization rec				-				
	28, that it must hold for at least three year								
	to be used for exempt purposes for the	-	period?				30a		Х
	If "Yes," describe the arrangement in Pa								
31	Does the organization have a gift accept		•						
							31	Х	
32a	Does the organization hire or use third p	arties or rela	ated organizations to solicit, pro-	cess, or sell nonca	sh				
							32a		х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amound describe in Part II.	nt in column	(c) for a type of property for whi	ich column (a) is ch	ecked,				

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

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization 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 review and comments. 02. Conflict of interest policy compliance (Part VI, line 12c) Each board member is required to submit annual disclosure to the Executive 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 without the executive present the report and the performance of the executive with the respect to the goals of the agency. 05. General explanation attachment Continued from Achievements: The organization published a 50-state report 'grading' the responses of each state Department of Corrections, and maintain a virus response tracking page that highlights the best policy changes that are happening to mitigate the worst effects of the pandemic.

990	Overflow Statement			<b>2020</b> Page 1
lame(s) as shown on return		FE	IN	
Prison Policy Init	tiative Inc			20-3671130
	Part VIII 1e			
escription				Amount
ayroll Protection	n Program		\$	97,52
	n Program To	otal: \$	<u> </u>	97,52
	Consultants			
escription				Amount
Program related			\$	55,68
	To	otal: \$	<b>=</b>	55,68
1	Line 24e - All other expenses Pro	gram		
Description				Amount
2 1 61-			1.	91
Bank Charges			\$	<u></u>
<u> Taxes and License:</u>	S			1,37
<u> Taxes and License:</u> <u>Staff Development</u>	To	otal: \$		1,37 69 <b>2,98</b>
Taxes and License: Staff Development  L: Description	To ine 24e - All other expenses Manag	otal: \$	 	1,37 69 2,98 Amount
Taxes and Licenses Staff Development  Li  Description  Printing and copy:	To ine 24e - All other expenses Manag	otal: \$	\$\$	1,37 69 2,98 Amount
Taxes and Licenses Staff Development  Li  Description Printing and copy: Taxes and Licenses	To ine 24e - All other expenses Manag ing	otal: \$	\$\$	1,37 69 2,98 Amount 21 12
Taxes and Licenses Staff Development  Li  Description Printing and copy: Taxes and Licenses Bank Charges	To ine 24e - All other expenses Manag ing	otal: \$	\$\$	1,37 69 2,98 Amount 21 12 8
Taxes and Licenses Staff Development  Li  Description Printing and copy: Taxes and Licenses Bank Charges	To ine 24e - All other expenses Manag ing	otal: \$	\$\$	1,37 69 2,98 Amount 21 12
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Taxes and Licenses Staff Development  Li  Description Printing and copy Bank Charges Staff Development  Li  Description Printing and copy Taxes and Licenses	ine 24e - All other expenses Manag	gement otal: \$	S   S   S   S   S   S   S   S   S   S	1,37 69 2,98 2,98 Amount 21 12 8 6 47