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SCANNED JUN 1 6 2011

Department of the Treasury Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

A	For the	2010 calendar year, or tax year beginning and e	ending		
В	Check if	C Name of organization		D Employer identific	cation number
	applicable	Massachusetts Budget and Policy Center	<b>:</b> ,		
Г	Addres	S Attr. Nach Dancon Drogidant			
F	Name			04-29	967537
F	—lchange ∏Initial		Room/suite	E Telephone number	
├	Iretum Termin		nuulii/Suite		426-1228
늗	ated Amend	13 court bquare, bure , oo			
느	return	City or town, state or country, and ZIP + 4		G Gross receipts \$	812,319.
L	Application pendin	BOSCOII, FIR UZIUU		H(a) Is this a group re	
	pendin	F Name and address of principal officer: NOATI BETGET		for affiliates?	Yes X No
		15 Court Square, Ste. 700, Boston, MA	<u>02108</u>	H(b) Are all affiliates inc	luded? Yes No
1	Tax-exe	mpt status: X 501(c)(3)	or 🔲 527	If "No," attach a	list. (see instructions)
		e: ► WWW.MASSBUDGET.ORG		H(c) Group exemption	n number
		organization X Corporation	L Year		State of legal domicile MA
		Summary			
	<del></del>				
Governance	1 1	Briefly describe the organization's mission or most significant activities:	<u>-</u>	<del></del>	
Ē					
ē	[	Check this box 🕨 🔛 if the organization discontinued its operations or dispos	ed of more		
Š	1	Number of voting members of the governing body (Part VI, line 1a)		3	
≪	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	11
Activities	6	Total number of volunteers (estimate if necessary)		6	0
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	<u> </u>
•	ь	Net unrelated business taxable income from Form 990-T, line 34		7ь	0.
	T			Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		835,971.	811,012.
ž		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		•		1,573.	1,307.
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-	0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	837,544.	812,319.
_	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.	2,000.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	1	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		597,100.	650,948.
Expenses	16a ∣	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	b.	Fotal fundraising expenses (Part IX, column (D), line 25)	39.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		173,336.	146,869.
	18	Total expenses. Add lines 13-17 (must equal Part IX-column (A), line 25)		770,436.	799,817.
	19	Total expenses. Add lines 13-17 (must equal Part IX column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		67,108.	12,502.
50	3	89	Be	ginning of Current Year	End of Year
Net Assets or	20	Fotal liabilities (Part X, line 16)  Fotal liabilities (Part X line 26)		757,282.	715,915.
ASS	21	Total liabilities (Part X, line 26)		21,674.	15,590.
et	21	Total lidolitics (Fair X) into 20)		735,608.	700,325.
-	**********	Net assets or fund balances. Subtract line 2 from Ine 20		73370001	100/323.
	art II	<del> </del>			. In a substant and ball of the
	•	ties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	correc	t, and complete Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge	
				5/13/11	
Sig	ın	Signature of officer		Date	
He	re	Noah Berger, President		<u></u>	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	Elaine M. Renzi, CPA	0	5/10/11 self-employe	d
	parer	Firm's name PAVENTO, RATCLIFFE, RENZI & CO.,		Firm's EIN	
	vinO s	Firm's address 1000 FRANKLIN VILLAGE DRIVE, SUI			<del></del>
		FRANKLIN, MA 02038			508) 553-3091
N 4 -			<del></del>	Li none no 1	X Yes No
		S discuss this return with the preparer shown above? (see instructions)			Form <b>990</b> (2010)
032	001 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instruction	ms.		rorm <b>330</b> (2010)

Form	990 (2010) Attn: Noah Berger, President 04-2967	<u>537</u>	Р	age <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3	 	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			_
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5	N/	A
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-  -	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		_^_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	9		Х
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	_	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		х
	If "Yes," complete Schedule D, Part V	10		1
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.	-	•	1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
	Part VI  Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total	110		
D		11b		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	· · · ·		
a	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI, XII, and XIII	12a	Х	
ь	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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1		1
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	ļ	X
h	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that	1	1	1

Form **990** (2010)

operate one or more hospitals must attach audited financial statements (see instructions)

Form 990 (2010)

04-2967537 Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		ļ	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			[
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		•	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	•		٠
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			٠,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32	<b></b>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ĺ	v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	١		J.
05	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	-	
а	ر السال المسال	1	1	ľ
00	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		^^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X	
	Note. All Form 990 filers are required to complete Schedule O			2010)

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Page 5

त्वा	Check if Schedule O contains a response to any question in this Part V				
	. Constitution of the control of the	<del></del>	<del>-</del> T	Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		-	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable game	ing			i
-	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				i
	filed for the calendar year ending with or within the year covered by this return	11			
b	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u> </u>	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		-	- 1	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u> </u>	3a	<del></del>	_X_
	o If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u> </u>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			I	v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		<u>X</u>
b	of "Yes," enter the name of the foreign country:		•		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		<b>.</b>	- 1	Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		$\frac{\lambda}{X}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_	5b 5c	-+	
	of "Yes," to line 5a or 5b, did the organization file Form 8886-T?	-	50		
ба	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization		6a		X
L	any contributions that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		-		
D	were not tax deductible?		6ь	ļ	ĺ
7			-		
	The state of the s	to the payor?	7a	1	Х
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
_	to file Form 8282?	Ŀ	7c		X
d	74				
е	for the state of t	L	7e		X
f	and the state of t	L	7f		X
g	the state of the first of the f	equired?	7g		<u> </u>
h	·		7h	ļ	
8				1	1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during	the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.	37 / 3			1
а		N/A			
þ	•	N/A	9Ь		ļ
10	· · · · · · · · · · · · · · · · · · ·				
а	a minution recourse depictar commenced on the transfer of the				
_ b	5 C1000 1000 ptc, included on 1 only 000, 1 art vin, included				
11		1			
a			I		
þ	amounts due or received from them.)	]			
100	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<del></del> .	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year				
13					
а	to the second of	-	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.				
ь					
~	organization is licensed to issue qualified health plans				
С	120				<b>.</b>
14a	The state of the s		14a		X
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
		ſ	Form <sup>9</sup>	990	(2010)

Form 990 (2010)

Attn: Noah Berger, President

04-2967537

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	to line da, db, dr yob below, describe the directifistances, proceeded in the directification of the directifistances.			[T]
	Check if Schedule O contains a response to any question in this Part VI		<del></del>	X
<u>Sec</u>	tion A. Governing Body and Management			
	1. 1	1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  Forter the number of voting members included in line 1a, above, who are independent			
b	Little the hornoer of voting members included in line 12, above, who are incoperiodic	4		
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		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			1.5
	of officers, directors or trustees, or key employees to a management company or other person?	3_		<u>X</u>
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	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			17
	governing body?	7a		<u>X</u>
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	<u></u>	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		.,	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>X</u> _	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		.,	
	ın Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			•
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	}		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ncial	
	statements available to the public.	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:	<b>`</b> —	
	THE ORGANIZATION - 617-426-1228			
	15 COURT SQUARE, BOSTON, MA 02108	<del></del>	990 /	0015
		Earm	-44411/	·101101

Form **990** (2010)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

**Employees, and Independent Contractors** 

Form 990 (2010)

Check if Schedule O contains a response to any question in this Part VII

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated	
	hours per week (describe	$\vdash$	heck					compensation from the	compensation from related organizations	amount of other compensation	
	hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
JOANNE BLUM											
DIRECTOR	1.00	X		<u> </u>				0.	0.	0	
HON, MICHAEL DUKAKIS										•	
DIRECTOR	1.00	X	<u> </u>					0.	0.	0	
John Maher				ł							
DIRECTOR	1.00	X						0.	0.	0	
RICH MARLIN						ĺ					
DIRECTOR	1.00	X		<u> </u>				0.	0.	0	
JOAN WALLACE-BENJAMIN		ì									
DIRECTOR	1.00	X	<u> </u>			<u> </u>		0.	0.	0	
JARRET T. BARRIOS								_		_	
DIRECTOR	1.00	X				_		0.	0.	0	
CLARE HIGGINS			ŀ			1		_			
DIRECTOR	1.00	X					<u> </u>	0.	0.	0	
JIM ST. GEORGE								_			
DIRECTOR	1.00	X	<u> </u>					0.	0.	0	
JOEL BARRERA			ļ						_		
SECRETARY	1.00	X		Х				0.	0.	0 .	
PETER ENRICH		l		l					•	•	
PRESIDENT OF THE BOARD	1.00	X		X		_	_	0.	0.	0	
TOM GOSNELL	1 00		ļ						•		
TREASURER	1.00	X	-	X				0.	0.	0	
NOAH M. BERGER	40.00	٠,		٠,,		.,		100 212	0	F 011	
ORGANIZATION PRESIDENT	40.00	X		Х		X		100,212.	0.	5,011	
						_					
		-			_						
<del></del>		L		L			لــــا		<u> </u>	Farm 000 (0010	

Form **990** (2010)

		udget and Pol			
Attn: N	loah Ber	ger, Presiden	<u>.t</u>	04-2967	<u> 537 Page</u>
Officers, Directors, Ti	rustees, Key E	mployees, and Highest (	Compensated Employ	yees (continued)	
(A)	(B)	(C)	(D)	(E)	(F)
and title	Average	Position	Reportable	Reportable	Estimated
	hours per	(check all that apply)	compensation	compensation	amount of
	l week	<del>                                     </del>	from	from rolated	naha

. (A) Name and title		(B) Average	(C) Position (check all that apply)						(D) Reportable	<b>(E)</b> Reportable	table Estimat			
		hours per week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer		Highest compensated Employee		compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	l s	com fr org	nount other pensa om th anizat d relat anizati	ation e ion ed
			<u> </u>									-		
							ļ [							
	Sub-total					_			100,212.		0.		5,0	<del>11.</del>
С	Total from continuation sheets to Part V Total (add lines 1b and 1c)						<b>&gt;</b>		100,212.		0.			0. 11.
	Total number of individuals (including but r compensation from the organization	ot limited to th	ose	liste	ed al	bov	e) wi	10 re	eceived more than \$100	),000 in reportabl	e 	<del>.  </del>	Yes	1 No
3	Did the organization list any <b>former</b> officer. line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
<b>4</b> 5	For any individual listed on line 1a, is the si and related organizations greater than \$15 Did any person listed on line 1a receive or	0,000? If "Yes,	" со	mple	ete S	Sch	edul	e <i>J f</i>	for such individual			4	-11	X
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	<u>e J f</u>	or s	uch	per	so <u>n</u>					5_		Х
1	Complete this table for your five highest countries the organization.	ompensated inc	depe	ende	ent c	ont	racto	ors t		\$100,000 of con	pens	ation f		
	(A) Name and business	address			_			_	(B) Description of s	services	C	ompe		n
										<u> </u>			<del></del>	
								-				<u>.</u> .		
2	Total number of independent contractors (		ot İ	mıte	d to		se II	stec	d above) who received m	nore than		······································		•
	\$100,000 in compensation from the organi	zation >										Form	990 (	2010)

032008 12-21-10

Form 990 (2010)

Total revenue. See instructions

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp			e columns (B), (C), and (D).	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	2,000.	2,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				·····
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	105 000	00 462	4 426	10 224
	trustees, and key employees	105,223.	90,463.	4,436.	10,324.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		0.55 1.05	15 120	44 520
7	Other salaries and wages	424,844.	365,185.	15,139.	44,520.
8	Pension plan contributions (include section 401(k)		10 055	353	2 226
	and section 403(b) employer contributions)	22,038.	19,055.	757.	2,226. 5,090.
9	Other employee benefits	50,895.	43,769.	2,036.	5,090.
10	Payroll taxes	47,948.	40,556.	2,131.	5,261.
11	Fees for services (non-employees):				
а	Management				
b	Legal	2,000.	2,000.	6 671	011
c	Accounting	15,419.	7,837.	6,671.	911.
d	Lobbying		<del>, , , , , , , , , , , , , , , , , , , </del>	<del></del>	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses		24 266		2 ((0
14	Information technology	38,026.	34,366.		3,660.
15	Royalties	44.050	27 000	1 762	4 406
16	Occupancy	44,058.	37,890.	1,762.	4,406.
17	Travel	10,994.	10,994.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 605	1 620		
19	Conferences, conventions, and meetings	1,625.	1,620.	5.	
20	Interest				
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization	2 222	420	1 530	<u> </u>
23	Insurance	2,008.	430.	1,528.	50.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PRINTING & PUBLICATIONS	7,778.	7,602.	30.	146.
b	TELEPHONE & COMMUN	5,765.	5,232.	152.	381
c	EQUIPMENT COSTS	4,891.	4,206.	196.	489.
d	DUES & MEMBERSHIPS	4,335.	4,025.		310
e	MISCELLANEOUS	3,923.	2,536.	1,251.	136
f	All other expenses	6,047.	5,423.	195.	429
25	Total functional expenses. Add lines 1 through 24f	799,817.	685,189.	36,289.	78,339
26	Joint costs. Check here   If following SOP				
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	0.12.21.10				Form <b>990</b> (2010)

032010 12-21-10

Form **990** (2010)

•	X		(A) Beginning of year		<b>(B)</b> End of year
7	1	Cash · non-interest-bearing	414,066.	1	267,521.
		Savings and temporary cash investments		2	
		Pledges and grants receivable, net	334,905.	3	356,097
	4	Accounts receivable, net	976.	4	1,000
		Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
1.	6	Receivables from other disqualified persons (as defined under section	1177		
	-	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
.	7	Notes and loans receivable, net		7	
1	8	Inventories for sale or use		8	
- 1	9	Prepaid expenses and deferred charges	1,656.	9	200
- 1		Land, buildings, and equipment cost or other			
"	-	hasis Complete Part VI of Schedule D 10a 20,619.			
	b	Less: accumulated depreciation 10b 20,619.	0.	10c	0
1		Investments · publicly traded securities		11	
	2	Investments - other securities. See Part IV, line 11		12	
	3	Investments · program-related. See Part IV, line 11		13	
1.		Intangible assets		14	
	5	Other assets. See Part IV, line 11	5,679.	15	91,097
1		Total assets. Add lines 1 through 15 (must equal line 34)	757,282.	16	715,915
1		Accounts payable and accrued expenses	21,674.	17	15,590
1		Grants payable		18	
1		Deferred revenue		19	
2		Tax-exempt bond liabilities		20	
۱.	11	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
' i	2	Payables to current and former officers, directors, trustees, key employees,			
	_	highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
2	23	Secured mortgages and notes payable to unrelated third parties		23	
	:4	Unsecured notes and loans payable to unrelated third parties		24	
- 1	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	21,674.	26	15,590
		Organizations that follow SFAS 117, check here X and complete			
		lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	220,989.	27	233,491
2	28	Temporarily restricted net assets	514,619.	28	466,834
2	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here			
		complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
3	33	Total net assets or fund balances	735,608.	33	700,325
٠,٠	34	Total liabilities and net assets/fund balances	757,282.	34	715,915

Both consolidated and separate basis

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

3ь

X

X Separate basis Consolidated basis

Act and OMB Circular A-133?

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

**Public Charity Status and Public Support** 

Department of the Treasury Internal Revenue Service 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.

2010

Open to Public Inspection

Name of the organization

Massachusetts Budget and Policy Center, Attn: Noah Berger, President

Employer identification number 04-2967537

Part I	Reason 1	for Public Charl	ty Status (All organiz	ations mus	st complet	e this part	.) See Inst	ructions.				
he organ	ization is not a	private foundation t	pecause it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1 🔲	A church, cor	vention of churches	, or association of churc	ches descr	nbed in <b>se</b>	ction 170	(b)(1)(A)(i).	•				
2	A school desc	cribed in section 17	<b>0(b)(1)(A)(ii).</b> (Attach Scl	hedule E.)								
з 🔲			al service organization o		n section	170(b)(1)(	A)(iii).					
4	A medical res	earch organization o	perated in conjunction	with a hos	pital descr	ibed ın <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospitali	s name	e,
	city, and state	e:										
5 🔲	An organization	on operated for the l	penefit of a college or un	niversity ov	vned or op	erated by	a governr	nental uni	describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	te Part II.)									
6			ent or governmental unit	described	in sectio	n 170(b)(1	)(A)(v).					
7 X			eives a substantial part o					r from the	general p	oublic desc	nbed ir	1
· —	-	b)(1)(A)(vi). (Complet										
8 🗔	•		ection 170(b)(1)(A)(vi). (	Complete	Part II.)							
9 🗔			eives: (1) more than 33 1			rom contri	butions, m	embershi	o fees, an	d gross red	eipts f	rom
•			ctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete			,			, ,			·	
10 🗀			erated exclusively to te	st for publi	c safety. S	See <b>sectio</b>	n 509(a)(4	D.				
;;			erated exclusively for the						v out the i	purposes o	f one c	or
—			tions described in section									
			organization and comple				•	•				
	a Type I		<b>1</b>		e III - Func		egrated		d 🗀	Type III - 0	Other	
e 🗀			t the organization is not					more disc	aualified r			า
•			nan one or more publicly									
f			ten determination from t						\- /\- /		` ' ' '	
•		rganization, check th				F- 1, 1, 1, 1	.,,					
~		•	rganization accepted ar	ny aift or ce	ontribution	from any	of the follo	owina pers	sons?			
9			rectly controls, either al								Yes	No
			ipported organization?	J. 10 J. 10 J	•	<b>,</b>		(, (	.,	11g(i)		
			described in (i) above?							11g(ii)		
		•	person described in (i) of		<b>-</b> ?					11g(iii)	-	
h			about the supported or							<u> </u>		
h	Flovide tile i	ollowing imormation	about the supported on	garnzation	(3).							
	of supported	(ii) EIN	(iii) Type of organization	(iv) is the c in col (i) is	rganization sted in your			(vi) is organizatio (i) organiz	on in col		nount of	f
org	anization		(described on lines 1-9 above or IRC section	governing	document?	(i) of your	r support?	\',' o'g'iis	2		,	
			(see instructions))	Yes	No	Yes	No	Yes	No			
					ļ				-			
					<u> </u>		-			-		
<del>-</del>												
Total		I		1		1	Ē	1	1			

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990 EZ) 2010 Attn: Noah Berger, President

04-2967537 Page 2

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 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				<del></del>		
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	768,326.	482,031.	887,975.	835,971.	811,012.	3,785,315.
2	Tax revenues levied for the organ-	1					
	ızatıon'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	560 006	400 001	005 055	005 071	011 010	
	Total. Add lines 1 through 3	768,326.	482,031.	887,975.	835,971.	811,012.	3,785,315.
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)						
	Public support. Subtract line 5 from line 4	L					3,78 <u>5,315.</u>
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	768,326.	482,031.	887,975.	835,971.	811,012.	3,785,315.
8	Gross Income from Interest,						
	dividends, payments received on						
	securities loans, rents, royalties	2 024	0 516	7 715	1 573	1 207	22 025
_	and income from similar sources	2,824.	9,516.	7,715.	1,573.	1,307.	22,935.
9	Net income from unrelated business						
	activities, whether or not the	]					
	business is regularly carried on	}	<del>-</del> -				
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						2 200 250
	Total support. Add lines 7 through 10					12	3,808,250.
	Gross receipts from related activities,			ما دامانی میداد است			
13	First five years. If the Form 990 is for organization, check this box and stop		anst, second, tilir	u, lourth, or mith ta	ax year as a section	1 50 1(0)(3)	▶□
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2010 (			olumn (fl)		14	99.40 %
	Public support percentage from 2009	,	•	Old Hill (1))		15	99.35 %
	33 1/3% support test - 2010.If the o	•	•	line 13, and line 1	4 is 33 1/3% or m		
	stop here. The organization qualifies	-			1.000 1.070 01 111	0,0,0,000,000	►X
ь	33 1/3% support test - 2009. If the o		•		line 15 is 33 1/3%	or more, check thi	
	and stop here. The organization qual	-				,	▶□
17a	10% -facts-and-circumstances tes	•			13, 16a, or 16b. a	nd line 14 is 10% o	or more,
-	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"				·		▶□
b	10% -facts-and-circumstances tes	•	•		-	7a, and line 15 is 1	0% or
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				-		ightharpoons
18	Private foundation. If the organization		-	•			<u>▶</u>
						dule A (Form 990	

# Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization failed to qualify under Part II. If the organization fails	to
qualify under the tests listed below, please complete Part II.)	

Section A	A. Public Support				<del></del>		
Calendar yea	ır (or fiscal year beginning in) ► 🏻	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, g	grants, contributions, and			ĺ			
membe	ership fees received. (Do not						
include	e any "unusual grants.")					<u> </u>	
mercha formed any ac	receipts from admissions, andise sold or services per- i, or facilities furnished in tivity that is related to the zation's tax-exempt purpose					ĺ	
3 Gross	receipts from activities that			1			
are not	t an unrelated trade or bus- under section 513						
	1	<del></del>				<del>                                     </del>	
	venues levied for the organ-						
	's benefit and either paid to						
•	ended on its behalf				<del> </del>	<del> </del>	<del></del>
furnish	lue of services or facilities led by a governmental unit to ganization without charge						
	Add lines 1 through 5		-			<del>                                     </del>	<del></del> _
	nts included on lines 1, 2, and		<del></del>	-			
	ived from disqualified persons			ļ		1	
<b>b</b> Amounts from othe exceed to	Included on lines 2 and 3 received er than disqualified persons that the greater of \$5,000 or 1% of the						
	on line 13 for the year nes 7a and 7b		-		<del>                                     </del>	<del>-  </del>	
			<del></del>				
	support (Subtract line 7c from line 6)  B. Total Support		<u> </u>	.f	<u></u>	<u>k</u>	
		(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
-	ar (or fiscal year beginning in)	(a) 2000	(6) 2007	(0) 2008	(u) 2009	(6) 2010	tij Total
10a Gross divider securit	nts from line 6 Income from interest, nds, payments received on ties loans, rents, royalties come from similar sources						
<b>b</b> Unrelate	ed business taxable income						
(less se	ection 511 taxes) from businesses						
acquire	d after June 30, 1975						
c Add lin	nes 10a and 10b						
activiti wheth	come from unrelated business es not included in line 10b, er or not the business is rly carried on				}		
or loss	income. Do not include gain from the sale of capital (Explain in Part IV.)						
13 Total si	upport (Add lines 9, 10c, 11, and 12)						
14 First fi	ive years. If the Form 990 is for	the organization?	s first, second, thu	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) or	ganization,
	this box and stop here  C. Computation of Publi	c Support Pe	rcentage				<u> </u>
	support percentage for 2010 (I			column (f))		15	%
	support percentage from 2009		_	.,,		16	<u> </u>
	D. Computation of Inves						
	ment income percentage for 20					17	<u> </u>
	ment income percentage from a			,		18	%
	% support tests - 2010. If the			on line 14. and lin	e 15 is more than		
more t	han 33 1/3%, check this box ai	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organ	ızatıon	▶□
line 18	% support tests - 2009. If the is not more than 33 1/3%, che	ck this box and s	<b>top here.</b> The org	anızatıon qualıfies	as a publicly sup	ported organiz	
20 Private	e foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	000 or 000 EZ 0010

### 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

2010

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• ;	<u>Section 501(c)(4), (5), or (6) organiza</u>	itions: Complete Part III.			
Nam	e of organization Massach	usetts Budget ar	nd Policy Ce	enter, Empl	oyer identification number
		Noah Berger, Pre			04-2967537
Pa	rt I-A Complete if the or	ganization is exempt un	der section 501(c	or is a section 527 o	rganization.
2	Provide a description of the organi Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities	in Part IV. ▶\$	
Pa	rt I-B Complete if the or	ganization is exempt un	der section 501(c	)(3).	
1	Enter the amount of any excise tax			<b>▶</b> \$	
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 495	5 ▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	of for this year?		Yes Do
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the or	ganization is exempt un	der section 501(c		
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities	
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s	section 527	
	exempt function activities			▶\$	
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here	and on Form 1120-PO		
	line 17b	4400 001 ( 11 )		▶\$	
_	Did the filing organization file Form		TINN of all appetion 507 a	alitical arganizations to which	tes No
5	Enter the names, addresses and en made payments. For each organization	• •	•	<del>-</del>	
	contributions received that were pa				
	political action committee (PAC). If	• •		=	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(6)	(2,7,122,132)	(5, =	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
	_				If none, enter -0
			<del></del>		
			<del> </del>	<del>-</del>	<del> </del>

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

Schedule C (Form 990 or 990-EZ) 2010

			ts Budget a Berger, Pi	and Policy (		967537 Page 2
Schedule C (Form 990 or 990-EZ) 2010 Part II-A Complete if the org	Attn: I	NOdii	nt under section	501(c)(3) and file	ed Form 5768	JUIJJI Page 2
(election under sec		CACITI	pt under deducin			
A Check In the filing organization	<del></del>	n affiliat	ted group.	·		
	_		"limited control" prov	visions apply.		
Limit	ts on Lobbying	Expend		_	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public oni	nion (ar	ass roots lobbying)			
b Total lobbying expenditures to influ	•				9,399.	
c Total lobbying expenditures (add li	-	,	(2		9,399.	
d Other exempt purpose expenditure					790,418.	
e Total exempt purpose expenditure		nd 1d)			799,817.	
f Lobbying nontaxable amount. Enter			ollowing table in both	columns	144,973.	
If the amount on line 1e, column (a) o	r (b) is: Th	e lobby	ring nontaxable amo	ount is:		
Not over \$500,000	20	% of th	e amount on line 1e.			
Over \$500,000 but not over \$1,000			plus 15% of the exce			
Over \$1,000,000 but not over \$1,5			plus 10% of the exce			
Over \$1,500,000 but not over \$17,	,000,000 \$2	25,000	plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1	,000,00	0.			
					36,243.	
g Grassroots nontaxable amount (en					30,243.	
h Subtract line 1g from line 1a. If zer					0.	
i Subtract line 1f from line 1c. If zero			. 4	stion file Form 4700		<u> </u>
j If there is an amount other than ze		in or iii	ie II, did the organiza	Mon lile Form 4720	Г	Yes No
reporting section 4911 tax for this		ar Avers	aging Period Under	Section 501(h)		
(Some organiz co	zations that mad	de a sec	ction 501(h) election	do not have to comp s 2a through 2f on pa	plete all of the five age 4.)	
	Lobbying	Expend	litures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007		<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	(e) Total
2a Lobbying nontaxable amount	108,8	75.	129,513.	140,565.	144,973.	523,926.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))						785,889.
c Total lobbying expenditures	1,0	43.	558.	2,167.	9,399.	13,167.
d Grassroots nontaxable amount	27,2	19.	32,378.	35,141.	36,243.	130,981.
e Grassroots ceiling amount (150% of line 2d, column (e))						196,472.
	I	1			l .	1

Schedule C (Form 990 or 990-EZ) 2010

f Grassroots lobbying expenditures

Massachusetts Budget and Policy Center,

Schedule C (Form 990 or 990 EZ) 2010 Attn: Noah Berger, President 04-296753

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 04-2967537 Page 3 (election under section 501(h)).

	(a	) (1		o)
	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?			· · · · · · · · · · · · · · · · · · ·	
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				_
g Direct contact with legislators, their staffs, government officials, or a legislative body?	<del></del>			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV				
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		-	<del> </del>	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			<del></del>	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501/c)/	5) or se	ction	
501(c)(6).		<i>0)</i> , 0: 3e	CHOII	
301(3)(3)	<del></del>		Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		1	-	
, , , , , , , , , , , , , , , , , , , ,		<del></del>		-
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2 (	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines III-A, lines III-A, lines III-A, lines III-A, lines II-A, lines II-A, lines II-A	on 501(c)( t III-A, lir	3 5), or se	ction nswered	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)( t III-A, lir	3 5), or se	ction nswered	
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Schedule C (Form 990 or 990-EZ) 2010

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Massachusetts Budget and Policy Center, Noah Berger, President

**Employer** identification number 04-2967537

Pa	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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		Yes No
6	Did the organization inform all grantees, donors, and donor a		sed only
	for charitable purposes and not for the benefit of the donor of		•
	Impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certific	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶	-	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements duri	ng the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during th	e year ▶ \$
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organization's accounting for
	conservation easements.		
Pa	TILL Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtheranc	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

(a) Cost or other

basis (investment)

20,619

					<u> </u>	_
Sched	lule	D	(Form	990)	201	0

3ь

(d) Book value

(c) Accumulated

depreciation

20,619

1a Land
b Buildings

d Equipmente Other

c Leasehold improvements

(b) Cost or other

basis (other)

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
 4 Describe in Part XIV the intended uses of the organization's endowment funds.
 Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Description of investment

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

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

032053 12-20-10

\_\_(9) (10) Massachusetts Budget and Policy Center,

	dule D (Form 990) 2010 Attn: Noah Berger, Preside				<u> 967537</u>	Page 4
Par	t Xt Reconciliation of Change in Net Assets from Form 990 to	<b>Audited Finar</b>	icial State	ment	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			,319.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			,817.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		12,	,502.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7		<del>-</del> -	
8	Other (Describe in Part XIV.)		8		-47	,785.
9	Total adjustments (net). Add lines 4 through 8		9		-47	,785.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10		-35	283.
	XII Reconciliation of Revenue per Audited Financial Stateme		nue per P	eturn		
1	Total revenue, gains, and other support per audited financial statements			1	764	,534.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
ь	Donated services and use of facilities	2b		1		
c	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIV.)		6,834.	1		
	Add lines 2a through 2d			2e	466	834.
3	Subtract line 2e from line 1			3	297	,834. ,700.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)		4,619.	1		
	Add lines 4a and 4b	40,	/	4c	514.	.619.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	812	,619.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	enses per			
1	Total expenses and losses per audited financial statements			1		817.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			<u> </u>		<u> </u>
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b	<del></del>	1 1		
	Other losses	2c		1 1		
C		2d		1 1		
d	Other (Describe in Part XIV.)	20		2e		0
e	Add lines 2a through 2d			3	799	817.
4	Subtract line 2e from line 1			3	1331	•
*	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1		
	Other (Describe in Part XIV.)	4b		1 . 1		0.
	Add lines 4a and 4b			4c	799	817.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	199	, 017.
	t XIV Supplemental Information					4.5.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					4; Part
					<del>.</del>	
Par	t XI, Line 8 - Other Adjustments:					
Cha	nge in Temporarily Restricted Net Assets			_		<u>,785.</u>
Par	t XII, Line 2d - Other Adjustments:					
Ter	porarily Restricted Revenue				466,	834.
Par	t XII, Line 4b - Other Adjustments:	,	_			
				Schedu	ule D (Form 9	90) 2010

		Mass	achuset	ts Budge	t and 1	Policy	Center,		
Schedule D (Form 990)	2010	<u>Attn</u>	: Noah	ts Budge Berger,	Presid	dent		04-2967	537 Page <b>5</b>
Schedule D (Form 990) Part XIV Supple	<u>mental Inforn</u>	nation (	(continued)						
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<u>Temporarily</u>	Restrict	<u>ea</u> Re	evenue_	Released	l .		<u> </u>	<u></u>	514,619.
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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

### 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.

2010
Open to Public Inspection

Internal Revenue Service

Name of the organization

Massachusetts Budget and Policy Center, Attn: Noah Berger, President

Employer identification number 04-2967537

Attn: Noan Berger, President 04-296/53/
Form 990, Part VI, Section B, line 11: The tax return is sent
electronically to all members of the Board of Directors and any questions
are forwarded to the appropriate staff.
Form 990, Part VI, Section B, Line 12c: Every year and at the start of any
new director's term, all directors sign off on the conflict of interest
policy. In addition, potential conflicts are reviewed during all grant
application processes.
Form 990, Part VI, Section B, Line 15a: The staff President's compensation
is determined by a Board of Directors' committee after reviewing
performance, and determining what would be equitable for both the
organization and the President. Staff compensation is determined by the
President following annual reviews and self-reviews by each employee. All
compensation decisions are supported with written documentation that is
stored in office files.
Form 990, Part VI, Section C, Line 19: The Organization's governing
documents, conflict of interest policy, and financial statements are
available to the public on request
Form 990, Part XI, line 5, Changes in Net Assets:
Change in Temporarily Restricted Net Assets -47,785.

Schedule O (Form 990 or 990-EZ) (2010) Name of the organization Massachusetts Budget and Policy Center, **Employer identification number** 04-2967537 Attn: Noah Berger, President Form 990 Page 1, Prior Year Revenue & Expense Change in accounting presentation for 990 The Organization is changing its method of presentation on the 990 to include unrestricted revenue and revenue released from restrictions in current year revenue reporting and to include temporarily restricted revenue as a reconciling item in the balance sheet section of the return and on schedule D as a reconciling item to revenue per the audited financial statements. This is a change in the timing of revenue presentation to more closely correlate to operational numbers typically used by Organizations to monitor financial planning effectively. In order to present comparative numbers, the Prior Year Revenue and Expense Summary on Page 1 of the 990 has been updated to present revenue on an unrestricted basis. Below is a reconciliation of the change from the numbers as originally reported: Change Original Updated Contributions & grants 927,790 835,971 91,819 1,573 Investment income 1,573 Total revenue 929,363 837,544 770,436 Total expenses 770,436 Increase in net assets 158,927 67,108 91,819 Change in temporarily restricted net assets 91,819