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Form **990**

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termin-ated
- ☒ Amended return
- ☐ Applica-tion pending

C Name of organization
CENTER ON BUDGET AND POLICY PRIORITIES

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
820 FIRST STREET, N.E. 510

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20002

F Name and address of principal officer: ROBERT GREENSTEIN
SAME AS C ABOVE

D Employer identification number
52-1234565

E Telephone number
(202)408-1080

G Gross receipts $ 29,425,074.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CBPP.ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1981 **M** State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities: POLICY ANALYSIS & DISSEMINATION OF INFORMATION RE FEDERAL/STATE/INTERNATIONAL BUDGETS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	157
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	21,045,778.	28,029,778.
9	Program service revenue (Part VIII, line 2g)	464,881.	833,259.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	622,988.	562,037.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,133,647.	29,425,074.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,482,742.	6,863,828.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,206,015.	12,426,560.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 806,708.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	6,678,739.	7,090,469.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	24,367,496.	26,380,857.
19	Revenue less expenses Subtract line 18 from line 12	<2,233,849.>	3,044,217.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	62,879,383.	67,589,383.
21	Total liabilities (Part X, line 26)	1,316,382.	1,512,415.
22	Net assets or fund balances Subtract line 21 from line 20	61,563,001.	66,076,968.

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date 2/3/12

▶ ROBERT GREENSTEIN, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: DAVID JONES	Preparer's signature	Date 2/3/12	Check ☐ if self-employed	PTIN
Firm's name ▶ RIBIS, JONES & MARESCA, P.A.			Firm's EIN ▶	
Firm's address ▶ 10500 LITTLE PATUXENT PARKWAY, SUITE 770 COLUMBIA, MD 21044			Phone no 410-884-0220	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
THE CENTER ON BUDGET AND POLICY PRIORITIES IS CREATED AND WILL BE OPERATED FOR THE EXCLUSIVELY CHARITABLE AND EDUCATIONAL PURPOSES OF PROMOTING BETTER PUBLIC UNDERSTANDING, BRINGING TOGETHER INFORMATION, AND ANALYZING IMPACTS OF CERTAIN GOVERNMENTAL PROGRAM CHANGES AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses $ 2,849,322. including grants of $ 80,000.) (Revenue $ 27,400.)
FEDERAL FISCAL POLICY AND RELATED PROJECTS: PERFORMS RESEARCH AND ANALYSIS OF FEDERAL BUDGETS, TAX POLICIES AND RELATED ISSUES, AND TRENDS IN POVERTY AND INCOME DISTRIBUTION.

4b (Code. _____) (Expenses $ 3,347,289. including grants of $ 40,000.) (Revenue $ 635,053.)
LOW-INCOME PROGRAM AND RELATED PROJECTS: PERFORMS RESEARCH, ANALYSIS AND DEVELOPMENT OF STRATEGIES TO IMPROVE POLICY AND STATE IMPLEMENTATION OF WELFARE AND OTHER LOW-INCOME PROGRAMS.

4c (Code. _____) (Expenses $ 6,247,783. including grants of $ 3,036,130.) (Revenue $ 137,356.)
STATE FISCAL & RELATED PROJECTS: PERFORMS RESEARCH & ANALYSIS OF STATE BUDGET AND TAX POLICY WITH AN EMPHASIS ON THE EFFECTS OF SUCH POLICIES ON LOW AND MODERATE INCOME HOUSEHOLDS & FOSTERS DEVELOPMENT OF STATE-LEVEL POLICY ORGANIZATIONS.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 11,798,183. including grants of $ 3,707,698.) (Revenue $ 33,450.)

4e **Total program service expenses** ▶ 24,242,577.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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 credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
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," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, 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 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		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		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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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		
c	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 disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	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		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	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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		X
a	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* ☐ Yes ☒ No			
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 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	72		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	157		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
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?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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.*

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 18		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

Section 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
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 in 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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
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		X
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS

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 for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 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 organization ▶

CENTER ON BUDGET & POLICY PRIORITIES - (202) 408-1080
820 FIRST ST., N.E., #510, WASHINGTON, DC 20002

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

Check if Schedule O contains a response to any question 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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID DE FERRANTI BOARD MEMBER	1.00	X						0.	0.	0.
HENRY AARON BOARD MEMBER	1.00	X						0.	0.	0.
KEN APFEL BOARD MEMBER	1.00	X						0.	0.	0.
BARBARA BLUM BOARD MEMBER	1.00	X						0.	0.	0.
MARIAN WRIGHT EDELMAN BOARD MEMBER	1.00	X						0.	0.	0.
JAMES O GIBSON BOARD MEMBER	1.00	X						0.	0.	0.
BEATRIX HAMBURG BOARD MEMBER	1.00	X						0.	0.	0.
FRANK MANKIEWICZ BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD NATHAN BOARD MEMBER	1.00	X						0.	0.	0.
MARION PINES BOARD MEMBER	1.00	X						0.	0.	0.
JANO CABRERA BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT D REISCHAUER BOARD MEMBER	1.00	X						0.	0.	0.
SUSAN SECHLER BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM J WILSON BOARD MEMBER	1.00	X						0.	0.	0.
HENRY COLEMAN BOARD MEMBER	1.00	X						0.	0.	0.
ANTONIA HERNANDEZ BOARD MEMBER	1.00	X						0.	0.	0.
C. LYNN MCNAIR BOARD MEMBER	1.00	X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL RUDD BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT GREENSTEIN EXECUTIVE DIRECTOR	40.00			X				189,867.	0.	21,946.
DEBRA SCHWARTZ VP FINANCE & OPERATIONS/ASST TREASUR	36.00			X				142,132.	0.	15,684.
SCOTT BUNTON EXECUTIVE VICE PRESIDENT	40.00				X			186,347.	0.	11,282.
WARREN KRAFCHIK SENIOR VP - INT'L PROGRAMS	40.00				X			171,718.	0.	18,686.
SUSAN STEINMETZ SENIOR VP - PROGRAM MGMT/DEV	40.00				X			172,822.	0.	14,751.
ELLEN NISSENBAUM SENIOR VP - GOVERNMENT AFFAIRS	40.00					X		179,209.	0.	14,058.
JUDITH SOLOMON VP - HEALTH POLICY	40.00					X		156,670.	0.	23,345.
NICHOLAS JOHNSON VP - STATE FISCAL POLICY	40.00					X		160,044.	0.	26,155.
1b Sub-total						▶		1,358,809.	0.	145,907.
c Total from continuation sheets to Part VII, Section A						▶		343,140.	0.	52,271.
d Total (add lines 1b and 1c)						▶		1,701,949.	0.	198,178.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 21

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
LARRY HAAS 12 FALLS CHAPEL COURT, POTOMAC, MD 20854	COMMUNICATIONS CONSULTING	240,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LADONNA PAVETTI VP - FAMILY INCOME POLICY	40.00					X		165,590.	0.	22,476.
CHARLES MARR DIRECTOR - FEDERAL FISCAL POLICY	40.00					X		177,550.	0.	29,795.
Total to Part VII, Section A, line 1c								343,140.		52,271.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 28029778.				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	28029778.			
Program Service Revenue		Business Code				
	2a CONTRACT INCOME	900099	739,825.	739,825.		
	b SUBSCRIPTIONS & PUBLIC	511190	58,478.	58,478.		
	c CONFERENCE	611710	34,956.	34,956.		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	833,259.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	562,037.			562,037.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less. cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶				
	12 **Total revenue** See instructions	▶	29425074.	833,259.	0.	562,037.

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) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,156,130.	3,156,130.		
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	3,707,698.	3,707,698.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	945,234.	821,530.	75,619.	48,085.
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	9,354,147.	8,138,107.	748,332.	467,708.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	401,191.	345,025.	32,095.	24,071.
9 Other employee benefits	1,054,665.	855,419.	97,433.	101,813.
10 Payroll taxes	671,323.	574,339.	58,425.	38,559.
11 Fees for services (non-employees)				
a Management				
b Legal	57,299.	47,423.	9,876.	
c Accounting	77,209.	1,718.	75,491.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	2,685,617.	2,659,266.	11,997.	14,354.
12 Advertising and promotion				
13 Office expenses	102,570.	73,274.	25,715.	3,581.
14 Information technology				
15 Royalties				
16 Occupancy	1,119,510.	962,477.	95,610.	61,423.
17 Travel	1,445,864.	1,432,971.	8,201.	4,692.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	808,370.	792,332.	13,275.	2,763.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	60,488.	51,884.	5,167.	3,437.
23 Insurance	15,298.	2,511.	12,787.	
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)				
a TELEPHONE	162,432.	146,526.	5,953.	9,953.
b PRINTING AND COPYING	134,838.	123,026.	11,618.	194.
c PUBLICATIONS, SUBSCRIPT	119,666.	109,271.	4,349.	6,046.
d COMPUTER SUPPLIES	77,724.	62,312.	11,390.	4,022.
e EQUIPMENT PURCHASE	70,217.	59,443.	6,605.	4,169.
f All other expenses	153,367.	119,895.	21,634.	11,838.
25 Total functional expenses Add lines 1 through 24f	26,380,857.	24,242,577.	1,331,572.	806,708.
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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,100.	1	1,100.
	2	Savings and temporary cash investments		496,145.	2	1,834,093.
	3	Pledges and grants receivable, net		22,982,790.	3	25,763,912.
	4	Accounts receivable, net		157,064.	4	171,593.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		202,727.	9	277,661.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 908,237.			
	b	Less: accumulated depreciation	10b 647,752.	118,844.	10c	260,485.
	11	Investments - publicly traded securities		38,920,713.	11	39,280,539.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		62,879,383.	16	67,589,383.
Liabilities	17	Accounts payable and accrued expenses		1,311,786.	17	1,512,415.
	18	Grants payable			18	
	19	Deferred revenue		4,596.	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,316,382.	26	1,512,415.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		21,690,252.	27	23,844,038.
	28	Temporarily restricted net assets		38,872,749.	28	41,232,930.
	29	Permanently restricted net assets		1,000,000.	29	1,000,000.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		61,563,001.	33	66,076,968.
	34	Total liabilities and net assets/fund balances		62,879,383.	34	67,589,383.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,425,074.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,380,857.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,044,217.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61,563,001.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,469,750.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	66,076,968.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] 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 Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

CENTER ON BUDGET AND POLICY PRIORITIES

Employer identification number

52-1234565

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17774188.	21888573.	27239900.	21045778.	28029778.	115978217
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	17774188.	21888573.	27239900.	21045778.	28029778.	115978217
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)						47603869.
6 **Public support.** Subtract line 5 from line 4						68374348.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	17774188.	21888573.	27239900.	21045778.	28029778.	115978217
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	941,760.	1250994.	947,189.	3288834.	2031788.	8460565.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						124438782

12 Gross receipts from related activities, etc (see instructions) 12 2,142,367.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 54.95 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 55.66 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	Employer identification number
CENTER ON BUDGET AND POLICY PRIORITIES	52-1234565

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $ _____
3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	42,164.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	507,648.	
c Total lobbying expenditures (add lines 1a and 1b)	549,812.	
d Other exempt purpose expenditures	25,831,045.	
e Total exempt purpose expenditures (add lines 1c and 1d)	26,380,857.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c If zero or less, enter -0-	0.	

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

j If there is an amount other than zero on either line 1h 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	614,889.	366,063.	558,364.	549,812.	2,089,128.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	20,830.	6,545.	8,408.	42,164.	77,947.

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

		(a) Yes	(a) No	(b) Amount
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:			
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?			
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			
c	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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	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	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information.

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

2010

Open to Public Inspection

Name of the organization

CENTER ON BUDGET AND POLICY PRIORITIES

Employer identification number

52-1234565

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 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 exclusive legal control? ☐ Yes ☐ No

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of 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 conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, 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 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
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 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,421,097.	15,203,245.	20,121,571.		
b Contributions			326,854.		
c Net investment earnings, gains, and losses	2,019,485.	3,217,852.	<5,245,180.>		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	20,440,582.	18,421,097.	15,203,245.		

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 95.00 %
b Permanent endowment ▶ 5.00 %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations — 3a(i)		X
(ii) related organizations — 3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? — 3b		

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				0.
c Leasehold improvements		263,833.	148,959.	114,874.
d Equipment		644,404.	498,793.	145,611.
e Other				0.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				260,485.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2. 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 FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	29,425,074.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,380,857.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3,044,217.
4	Net unrealized gains (losses) on investments	4	1,469,750.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,469,750.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	4,513,967.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	30,894,824.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a	Net unrealized gains on investments	2a	1,469,750.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	1,469,750.
3	Subtract line **2e** from line **1**			3	29,425,074.
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.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	29,425,074.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	26,380,857.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	26,380,857.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	26,380,857.

Part XIV Supplemental Information

Complete this part to provide 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, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

PART V, LINE 4: ENDOWMENT FUNDS WILL BE USED FOR LONG-TERM INSTITUTIONAL SUPPORT.

PART X, LINE 2: THE CENTER IS A 501(C)(3) TAX EXEMPT ORGANIZATION UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE, AND FROM THE DISTRICT OF COLUMBIA FRANCHISE TAX. IN ADDITION, THE CENTER HAS BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. THE CENTER IS ALSO EXEMPT FROM THE DISTRICT OF COLUMBIA SALES AND PROPERTY

Part XIV Supplemental Information *(continued)*

TAXES. THE CENTER FILES INFORMATION RETURNS AS REQUIRED. THE CENTER BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

CENTER ON BUDGET AND POLICY PRIORITIES

Employer identification number

52-1234565

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA	1	3	PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN THE REGION	2,156,010.
CENTRAL AMERICA			PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN THE REGION	168,658.
EAST ASIA			PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN THE REGION	189,600.
NORTH AMERICA	1		PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN THE REGION	304,450.
SOUTH AMERICA			PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN THE REGION	377,000.
SOUTH ASIA			PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN THE REGION	309,583.
EUROPE			PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN THE REGION	155,000.
MIDDLE EAST & NORTH AFRICA			PROGRAM SERVICES	GRANTS TO RECIPIENTS LOCATED IN THE REGION	47,398.
3 a Sub-total	2	3			3,707,699.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	2	3			3,707,699.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2010**

032071
12-20-10

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 ▶ ☐

Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	SUPPORT TO BUDGET MONITORING IN LATIN AMERICA	98,658.	WIRE	0.		
		CENTRAL AMERICA	SUPPORT TO BUDGET MONITORING IN LATIN AMERICA	70,000.	WIRE	0.		
		EAST ASIA	PROJECT SUPPORT GRANT	46,000.	WIRE	0.		
		EAST ASIA	SUPPORT TO BUDGET MONITORING IN CAMBODIA	49,600.	WIRE	0.		
		EAST ASIA	PROJECT SUPPORT GRANT	58,000.	WIRE	0.		
		EAST ASIA	PROJECT SUPPORT GRANT	36,000.	WIRE	0.		
		EUROPE	PROJECT SUPPORT GRANT	155,000.	WIRE	0.		
		MIDDLE EAST & NORTH AFRICA	PROJECT IMPLEMENTATION GRANT	47,398.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 41

3 Enter total number of other organizations or entities ▶

Schedule F (Form 990) 2010

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	GENERAL SUPPORT GRANT	175,000.	WIRE	0.		
		NORTH AMERICA	PROJECT SUPPORT GRANT	102,500.	WIRE	0.		
		NORTH AMERICA	SUBNATIONAL PROJECT GRANT	26,950.	WIRE	0.		
		SOUTH AMERICA	GENERAL SUPPORT GRANT	130,000.	WIRE	0.		
		SOUTH AMERICA	GENERAL SUPPORT GRANT	175,000.	WIRE	0.		
		SOUTH ASIA	PILOT SUPPORT TO BUDGET MONITORING IN INDIA	32,000.	WIRE	0.		
		SOUTH ASIA	PILOT SUPPORT TO BUDGET MONITORING IN INDIA	25,000.	WIRE	0.		
		SOUTH ASIA	PILOT SUPPORT TO BUDGET MONITORING IN INDIA	24,000.	WIRE	0.		
		SOUTH AMERICA	SUB-NATIONAL BUDGET TRANSPARENCY IN ECUADOR	56,000.	WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PROJECT IMPLEMENTATION GRANT	16,000.	WIRE	0.		
		SOUTH ASIA	PILOT PROJECT GRANT	25,000.	WIRE	0.		
		SOUTH ASIA	PROJECT SUPPORT GRANT	90,000.	WIRE	0.		
		SOUTH ASIA	PILOT PROJECT SUPPORT GRANT	25,000.	WIRE	0.		
		SOUTH ASIA	PILOT SUPPORT TO BUDGET MONITORING IN INDIA	50,000.	WIRE	0.		
		SOUTH ASIA	PROJECT IMPLEMENTATION GRANT	11,583.	WIRE	0.		
		SOUTH ASIA	PILOT SUPPORT TO BUDGET MONITORING IN INDIA	27,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT TO BUDGET MONITORING IN TANZANIA	115,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT TO BUDGET MONITORING IN GHANA	185,000.	WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUB-NATIONAL BUDGET TRANSPARENCY IN MALI	70,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPPORT GRANT	87,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROJECT SUPPORT GRANT	75,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	AFRICA PROJECT SUPPORT GRANT	70,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	AFRICA PROJECT SUPPORT GRANT	63,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	AFRICA PROJECT SUPPORT GRANT	80,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	GENERAL SUPORT GRANT	180,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROJECT SUPPORT GRANT	110,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	AFRICA PROJECT SUPPORT GRANT	98,500.	WIRE	0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PROJECT SUPPORT GRANT	120,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT TO BUDGET MONITORING IN UGANDA	75,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	FISCAL SPONSORSHIP FOR PROJECT SUPPORT	750,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	AFRICA PROJECT SUPPORT GRANT	55,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROJECT IMPLEMENTATION GRANT	12,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	PROJECT IMPLEMENTATION GRANT	10,010.	WIRE	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☒ Yes	☐ No

Schedule F (Form 990) 2010

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information

SCHEDULE F, PART I, LINE 2: EACH INTERNATIONAL RECIPIENT OF GRANT FUNDS IS REQUIRED TO PROVIDE ANNUAL NARRATIVES AND FINANCIAL REPORTS. THE ORGANIZATION RECEIVING GRANT FUNDS IS ALSO REQUIRED TO PROVIDE COPIES OF THEIR ANNUAL AUDITED REPORTS, IF ANY ARE PREPARED. IN ADDITION, EACH RECIPIENT IS VISITED ON, AT LEAST, A BI-ANNUAL BASIS BY IBP (INTERNATIONAL BUDGET PROJECT) STAFF FOR IN-DEPTH DISCUSSION OF HOW GRANT FUNDS HAVE BEEN AND ARE BEING USED.

SCHEDULE F, PART IV, LINE 6 - THE CENTER CONTRACTED WITH ONE INDIVIDUAL IN EACH OF TWO BOYCOTTING COUNTRIES (YEMEN AND LEBANON) TO COLLECT SURVEY DATA. THE CENTER WAS NOT ASKED TO PARTICIPATE IN A BOYCOTT NOR DID IT PARTICIPATE IN A BOYCOTT.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

CENTER ON BUDGET AND POLICY PRIORITIES

Employer identification number

52-1234565

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARKANSAS ADVOCATES FOR CHILDREN AND FAMILIES - 1400 W. MARKHAM, UNION STATION SUITE 306 - LITTLE ROCK, AR 72201	71-0492205	501(C)(3)	40,000.	0.			GENERAL SUPPORT
CONNECTICUT VOICES FOR CHILDREN 33 WHITNEY AVENUE NEW HAVEN, CT 06510	06-1435280	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ARISE CITIZEN'S POLICY PROJECT P.O. BOX 1188 MONTGOMERY, AL 36101	63-1186365	501(C)(3)	100,000.	0.			SFAI RENEWAL
GEORGIA BUDGET AND POLICY INSTITUTE - 100 EDGEWOOD AVENUE, SUITE 1040 - ATLANTA, GA 30303	55-0860376	501(C)(3)	45,000.	0.			SFAI CAPACITY BUILDING
GEORGIA BUDGET AND POLICY INSTITUTE - 100 EDGEWOOD AVENUE, SUITE 1040 - ATLANTA, GA 30303	55-0860376	501(C)(3)	50,000.	0.			GENERAL SUPPORT
BALLOT INITIATIVE STRATEGY CENTER FOR FOUNDATION - 1825 K STREET, SUITE 411 - WASHINGTON, DC 20006	04-3454684	501(C)(3)	10,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations ▶ 51.

3 Enter total number of other organizations ▶ 0.

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

Schedule I (Form 990) (2010)

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA BUDGET PROJECT 1107 9TH STREET, SUITE 310 SACRAMENTO, CA 95814	68-0376784	501(C)(3)	56,000.	0.			SFAI CAPACITY BUILDING
CALIFORNIA BUDGET PROJECT 1107 9TH STREET, SUITE 310 SACRAMENTO, CA 95814	68-0346784	501(C)(3)	80,000.	0.			GENERAL SUPPORT
CENTER FOR PUBLIC POLICY PRIORITIES - 900 LYDIA STREET - AUSTIN, TX 78702	74-2898197	501(C)(3)	50,000.	0.			SFAI CAPACITY BUILDING
GEORGIA BUDGET AND POLICY INSTITUTE - 100 EDGEWOOD AVENUE, SUITE 1040 - ATLANTA, GA 30303	55-0860376	501(C)(3)	20,800.	0.			STATE POLICY FELLOW
CENTER FOR PUBLIC POLICY PRIORITIES - 900 LYDIA STREET - AUSTIN, TX 78702	74-2898197	501(C)(3)	20,800.	0.			STATE POLICY FELLOW
CHILDRENS ACTION ALLIANCE 4001 NORTH THIRD STREET, SUITE 160 PHOENIX, AZ 85012	86-0594785	501(C)(3)	50,000.	0.			SFAI RENEWAL
COLORADO FISCAL POLICY INSTITUTE 789 SHERMAN STREET, SUITE 300 DENVER, CO 80203	84-1264154	501(C)(3)	15,000.	0.			GENERAL SUPPORT
COLORADO CENTER ON LAW AND POLICY 789 SHERMAN STREET, SUITE 300 DENVER, CO 80203	84-1264154	501(C)(3)	160,000.	0.			GENERAL SUPPORT
FISCAL POLICY INSTITUTE ONE LEAR JET LANE LATHAM, NY 12110	14-1737256	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUSE INNOVATION FUND 1402 THIRD AVENUE, STE 510 SEATTLE, WA 98101	87-0800705	501(C)(3)	25,000.	0.			GENERAL SUPPORT
OREGON CENTER FOR PUBLIC POLICY 204 N. FIRST STREET, SUITE C, PO BO SILVERTON, OR 973810007	93-1186075	501(C)(3)	56,000.	0.			SFAI CAPACITY BUILDING
OREGON CENTER FOR PUBLIC POLICY 204 N. FIRST STREET, SUITE C, PO BO SILVERTON, OR 973810007	93-1186075	501(C)(3)	50,000.	0.			SFAI RENEWAL
OREGON CENTER FOR PUBLIC POLICY 204 N. FIRST STREET, SUITE C, PO BO SILVERTON, OR 973810007	93-1186075	501(C)(3)	20,000.	0.			GENERAL SUPPORT
KEYSTONE RESEARCH CENTER 412 NORTH THIRD STREET HARRISBURG, PA 17101	25-1776998	501(C)(3)	30,000.	0.			GENERAL SUPPORT
LOUISIANA ASSOCIATION OF NONPROFIT ORGANIZATION - P. O. BOX 66558 - BATON ROUGE, LA 70896	72-1444119	501(C)(3)	40,000.	0.			GENERAL SUPPORT
MARYLAND ASSOCIATION OF NONPROFIT ORGANIZATION - 190 OSTEND STREET - BALTIMORE, MD 21230	52-1749231	501(C)(3)	50,000.	0.			SFAI RENEWAL
NEW MEXICO VOICES FOR CHILDREN 16 E. 16TH STREET, SUITE 408, P.O B TULSA, OK 74159	85-8295500	501(C)(3)	56,000.	0.			SFAI CAPACITY BUILDING
OKLAHOMA POLICY INSTITUTE 2340 ALAMO SE, STE 120 ALBUQUERQUE, NM 87106	33-1178624	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Part II ***Continuation of Grants and Other Assistance to Governments and Organizations in the United States*** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA JUSTICE CENTER 224 S. DAWSON STREET RALEIGH, NC 27611	56-1348186	501(C)(3)	55,000.	0.			GENERAL SUPPORT
NORTH CAROLINA JUSTICE CENTER 224 S. DAWSON STREET RALEIGH, NC 27611	56-1348186	501(C)(3)	56,000.	0.			SFAI CAPACITY BUILDING
PROGRESSIVE LEADERSHIP ALLIANCE OF NEVADA - 821 RIVERSIDE DRIVE - RENO, NV 89503	88-0318655	501(C)(3)	75,000.	0.			STATE FISCAL ANALYSIS
PROGRESSIVE LEADERSHIP ALLIANCE OF NEVADA - 821 RIVERSIDE DRIVE - RENO, NV 89503	88-0318655	501(C)(3)	20,000.	0.			GENERAL SUPPORT
POVERTY INSTITUTE 720 VASSAR DRIVE NE ALBUQUERQUE, NM 87106	32-0295517	501(C)(3)	35,000.	0.			GENERAL SUPPORT
POVERTY INSTITUTE AT RHODE ISLAND COLLEGE - 600 MT. PLEASANT AVENUE - PROVIDENCE, RI 02908	32-0295517	501(C)(3)	42,000.	0.			SFAI CAPACITY BUILDING
PUBLIC CHILDREN SERVICES ASSOCIATION OF OHIO - 510 E. MOUND STREET, SUITE 200 - COLUMBUS, OH 43215	31-0996612	501(C)(3)	25,000.	0.			GENERAL SUPPORT
PUBLIC CITIZENS FOR CHILDREN AND YOUTH - 7 BENJAMIN FRANKLIN PKWY, 6TH FLR - PHILADELPHIA, PA 19103	23-2137461	501(C)(3)	16,000.	0.			GENERAL SUPPORT
MISSOURI BUDGET PROJECT 3534 WASHINGTON AVENUE ST LOUIS, MO 63103	26-0062334	501(C)(3)	110,000.	0.			GENERAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA COUNCIL OF NON PROFITS 2314 UNIVERSITY AVE. WEST, SUITE 20 ST PAUL, MN 55114	36-3501477	501(C)(3)	110,000.	0.			GENERAL SUPPORT
MINNESOTA COMMUNITY ACTION ASSOCIATION RESOURCE FUND - 100 EMPIRE DRIVE, SUITE 202 - ST PAUL, MN 55103	41-1734880	501(C)(3)	20,000.	0.			GENERAL SUPPORT
MISSISSIPI ECONOMIC POLICY CENTER 4 OLD RIVER PLACE, SUITE A JACKSON, MS 39202	64-0851798	501(C)(3)	75,000.	0.			SFAI RENEWAL
MAINE CENTER FOR ECONOMIC POLICY 66 WINTHROP STREET, P.O. BOX 437 AUGUSTA, ME 04330	22-3317572	501(C)(3)	80,000.	0.			GENERAL SUPPORT
MAINE CENTER FOR ECONOMIC POLICY 66 WINTHROP STREET, P.O. BOX 437 AUGUSTA, ME 04330	22-3317572	501(C)(3)	75,000.	0.			CAPACITY BUILDING
MAINE CENTER FOR ECONOMIC POLICY 66 WINTHROP STREET, P.O. BOX 437 AUGUSTA, ME 04330	22-3317572	501(C)(3)	75,000.	0.			SFAI RENEWAL
MAINE CHILDRENS ALLIANCE 303 STATE STREET AUGUSTA, ME 04330	22-2546643	501(C)(3)	53,000.	0.			GENERAL SUPPORT
MAINE EQUAL JUSTICE PARTNERS 126 SEWALL STREET AUGUSTA, ME 04330	04-3346273	501(C)(3)	40,000.	0.			GENERAL SUPPORT
MASSACHUSSETTS BUDGET AND POLICY CENTER - 15 COURT SQUARE, SUITE 700 - BOSTON, MA 02108	04-2967537	501(C)(3)	55,000.	0.			GENERAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSSETTS BUDGET AND POLICY CENTER - 15 COURT SQUARE, SUITE 700 - BOSTON, MA 02108	04-2967537	501(C)(3)	70,000.	0.			SFAI CAPACITY BUILDING
MICHIGAN LEAGUE FOR HUMAN SERVICES 1115 SOUTH PENNSYLVANIA AVE, SUITE LANSING, MI 48912	38-1360557	501(C)(3)	60,000.	0.			GENERAL SUPPORT
MICHIGAN LEAGUE FOR HUMAN SERVICES 1115 SOUTH PENNSYLVANIA AVE, SUITE LANSING, MI 48912	38-1360557	501(C)(3)	40,000.	0.			STATE POLICY FELLOW
MONTANA BUDGET AND POLICY CENTER 910 E. LYNDALE, SUITE A HELENA, MT 59601	80-0624179	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MONTANA CONSERVATION VOTERS EDUCATION FUND - 3318 3RD AVENUE NORTH, SUITE 208 - BILLINGS, MT 59101	81-0525336	501(C)(3)	30,000.	0.			GENERAL SUPPORT
NEW HAVEN LEGAL ASSISTANCE ASSOCIATION, INC. - 426 STATE STREET - NEW HAVEN, CT 06510	06-0793269	501(C)(3)	20,000.	0.			GENERAL SUPPORT
NEW JERSEY POLICY PERSPECTIVE 137 HANOVER STREET TRENTON, NJ 08618	22-3492715	501(C)(3)	65,000.	0.			GENERAL SUPPORT
NEW JERSEY POLICY PERSPECTIVE 137 HANOVER STREET TRENTON, NJ 08618	22-3492715	501(C)(3)	62,000.	0.			SFAI CAPACITY BUILDING
ONE AMERICA 1225 S. WELLER STREET, SUITE 200 SEATTLE, WA 98144	20-0384893	501(C)(3)	25,000.	0.			GENERAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA PARTNERSHIPS FOR CHILDREN - 116 PINE STREET, SUITE 430 - HARRISBURG, PA 17104	23-2613869	501(C)(3)	24,000.	0.			GENERAL SUPPORT
POLICY MATTERS OHIO 3631 PERKINS AVE, SUITE 4C -EAST CLEVELAND, OH 44114	34-1921881	501(C)(3)	130,000.	0.			GENERAL SUPPORT
THE COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS - 1716 EAST FRANKLIN ST - RICHMOND, VA 23223	27-1598303	501(C)(3)	30,000.	0.			GENERAL SUPPORT
THE COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS - 1716 EAST FRANKLIN ST - RICHMOND, VA 23223	27-1598303	501(C)(3)	45,530.	0.			STATE POLICY FELLOW
IOWA POLICY PROJECT 20 E MARKET STREET IOWA CITY, IA 52245	42-1512708	501(C)(3)	42,000.	0.			SFAI CAPACITY BUILDING
IOWA POLICY PROJECT 20 E MARKET STREET IOWA CITY, IA 52245	42-1512708	501(C)(3)	50,000.	0.			GENERAL SUPPORT
VIRGINIA INTERFAITH CENTER FOR PUBLIC POLICY - 1716 EAST FRANKLIN ST - RICHMOND, VA 23241	54-2362857	501(C)(3)	15,000.	0.			GENERAL SUPPORT
VOICES FOR CHILDREN IN NEBRASKA 7521 MAINE STREET, SUITE 103 OMAHA, NE 68127	36-3528940	501(C)(3)	5,000.	0.			GENERAL SUPPORT
VOICES FOR ILLINOIS CHILDREN 208 S. LASALLE ST, STE 1490 MONTGOMERY, AL 36101	36-3480909	501(C)(3)	50,000.	0.			SFAI RENEWAL

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES FOR UTAH CHILDREN 747 E. SOUTH TEMPLE, SUITE 100 SALT LAKE CITY, UT 84102	87-0428873	501(C)(3)	25,000.	0.			GENERAL SUPPORT
WASHINGTON STATE BUDGET AND POLICY CENTER - 1402 THIRD AVENUE, STE 1215 - SEATTLE, WA 98101	72-1612982	501(C)(3)	70,000.	0.			GENERAL SUPPORT
WEST VIRGINIA CENTER ON BUDGET AND POLICY - 723 KANAWHA BLVD E, STE 300 - CHARLESTON, WV 25301-2727	56-2653132	501(C)(3)	20,000.	0.			GENERAL SUPPORT
WISCONSIN COUNCIL ON CHILDREN AND FAMILIES - 555 WEST WASHINGTON AVE, STE 200 - MADISON, WI 53703	39-0806301	501(C)(3)	50,000.	0.			GENERAL SUPPORT
VOICES FOR OHIO'S CHILDREN 3634 EUCLID AVE, STE 110 CLEVELAND, OH 44115	34-1941907	501(C)(3)	5,000.	0.			GENERAL SUPPORT
WISCONSIN COUNCIL ON CHILDREN AND FAMILIES - 555 WEST WASHINGTON AVE, STE 200 - MADISON, WI 53703	39-0806301	501(C)(3)	46,000.	0.			SFAI CAPACITY BUILDING

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: EACH U.S. RECIPIENT OF GRANT FUNDS IS REQUIRED TO PROVIDE ANNUAL NARRATIVES AND FINANCIAL REPORTS. THE ORGANIZATION RECEIVING GRANT FUNDS IS ALSO REQUIRED TO PROVIDE COPIES OF ITS ANNUAL AUDITED REPORTS. IN ADDIITON, CBPP STAFF HAVE REGULAR TELEPHONE CONVERSATIONS WITH RECIPIENTS TO MONITOR PROGRESS.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

CENTER ON BUDGET AND POLICY PRIORITIES

Employer identification number

52-1234565

Part 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 in 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 ☐ Discretionary spending account ☐ Personal services (e g., 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 explain **1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? **2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization? **4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? **4c**		X
	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) and 501(c)(4) organizations must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? **5a**		X
b	Any related organization? **5b**		X
	If "Yes" to line 5a or 5b, describe in Part III		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? **6a**		X
b	Any related organization? **6b**		X
	If "Yes" to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7**		X
8	Were any amounts reported in 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**		X
9	If "Yes" to 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 in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT GREENSTEIN	(i)	189,867.	0.	0.	13,566.	8,380.	211,813.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DEBRA SCHWARTZ	(i)	141,632.	500.	0.	7,489.	8,195.	157,816.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 SCOTT BUNTON	(i)	185,847.	500.	0.	9,357.	1,925.	197,629.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 WARREN KRAFCHIK	(i)	171,218.	500.	0.	10,318.	8,368.	190,404.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 SUSAN STEINMETZ	(i)	172,322.	500.	0.	12,364.	2,387.	187,573.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 ELLEN NISSENBAUM	(i)	178,709.	500.	0.	12,506.	1,552.	193,267.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JUDITH SOLOMON	(i)	156,170.	500.	0.	7,794.	15,551.	180,015.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 NICHOLAS JOHNSON	(i)	159,544.	500.	0.	10,903.	15,252.	186,199.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 LADONNA PAVETTI	(i)	155,090.	10,500.	0.	6,067.	16,409.	188,066.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 CHARLES MARR	(i)	167,050.	10,500.	0.	8,635.	21,160.	207,345.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: CENTER ON BUDGET AND POLICY PRIORITIES

Employer identification number: 52-1234565

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROPOSALS FOR CHANGE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FEDERAL & STATE HEALTH PROJECTS: WORKS TO IMPROVE CHILD HEALTH THROUGH STRATEGIES TO INCREASE THE CHILD HEALTH INSURANCE COVERAGE.

EXPENSES $ 1,775,136. INCLUDING GRANTS OF $ 0. REVENUE $ 31,850.

DC FISCAL POLICY INSTITUTE: PERFORMS RESEARCH & ANALYSIS ON THE BUDGET, TAX POLICIES, & LOW-INCOME PROGRAMS OF THE DISTRICT OF COLUMBIA.

EXPENSES $ 643,238. INCLUDING GRANTS OF $ 0. REVENUE $ 1,600.

INTERNATIONAL PROJECT: WORKS TO NURTURE THE DEVELOPMENT OF NON-GOVERNMENTAL ORGANIZATIONS AROUND THE WORLD THAT WORK ON BUDGET AND TAX ISSUES AFFECTING THE POOR TO DEVELOP THEIR CAPACITY.

EXPENSES $ 9,379,809. INCLUDING GRANTS OF $ 3,707,698. REVENUE $ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S PRESIDENT

Name of the organization: CENTER ON BUDGET AND POLICY PRIORITIES | Employer identification number: 52-1234565

REVIEWS FORM 990 PRIOR TO SIGNING.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST FORMS ARE REQUIRED TO BE COMPLETED ANNUALLY BY ALL STAFF AND BOARD MEMBERS. THE HR MANAGER AND ADMINISTRATIVE BOARD LIAISON MONITOR TO ENSURE THESE FORMS ARE COMPLETED AND FOLLOW UP WITH STAFF AND BOARD, RESPECTIVELY, IF FORMS ARE MISSING.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE COMMITTEE OF THE BOARD REVIEWS AND APPROVES BASED ON MARKET COMPARISONS. THE COMMITTEE'S DECISIONS ARE DOCUMENTED. A REVIEW OF COMPENSATION WAS CONDUCTED IN 2010. THERE WERE NO CHANGES TO THE EXECUTIVE COMPENSATION PROCESS FROM PREVIOUS YEARS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,IL,KS,KY,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 1,469,750.

FORM 990, PART XII, LINE 2C:
THE FINANCE COMMITTEE HAS OVERSIGHT RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS AND ASSUMES RESPONSIBILITY FOR THE SELECTION OF THE INDEPENDENT AUDITOR. THE FINANCE COMMITTEE MEETS WITH THE

Name of the organization: CENTER ON BUDGET AND POLICY PRIORITIES

Employer identification number: 52-1234565

AUDITORS EACH YEAR. THERE WERE NO CHANGES TO THE OVERSIGHT PROCESS OR SELECTION OF INDEPENDENT AUDITORS DURING THE TAX YEAR.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
CENTER ON BUDGET AND POLICY PRIORITIES	FORM 990 PAGE 10	52-1234565

Part I **Election To Expense Certain Property Under Section 179 Note.** *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property Instead, use Part V*

Part II **Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	53,826.

Part III **MACRS Depreciation (Do not include listed property) (See instructions.)**

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property	/		27 5 yrs.	MM	S/L	
		/		27 5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs	MM	S/L	

Part IV **Summary** (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	53,826.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles* **)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year.					
SEE STATEMENT 1					6,662.
43 Amortization of costs that began before your 2010 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	6,662.

FORM 4562 PART VI - AMORTIZATION STATEMENT 1

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORTIZABLE AMOUNT	(D) CODE SECTION	(E) PERIOD/ PERCENT	(F) AMORTIZATION THIS YEAR
DRYWALL, ACOUSTICAL ANE ELECTRIC SYSTEMS 4TH FLR	05/01/10	2,187.		60M	292.
DRYWALL, ACOUSTICAL ANE ELECTRIC SYSTEMS 4TH FLR	06/01/10	3,910.		60M	456.
LEASEHOLD IMPROVEMENT	07/01/10	15,895.		94M	1,015.
LEASEHOLD IMPROVEMENTS	08/01/10	90,074.		94M	4,791.
LEASEHOLD IMPROVEMENTS - ROSCHE	08/01/10	1,300.		60M	108.
TOTAL TO FORM 4562, LINE 42					6,662.

Form **8868**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return See instructions	Name of exempt organization	Employer identification number
	CENTER ON BUDGET AND POLICY PRIORITIES	52-1234565
	Number, street, and room or suite no If a P O box, see instructions. 820 FIRST STREET, N.E., NO. 510	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20002	

Enter the Return code for the return that this application is for (file a separate application for each return) [0 1]

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CENTER ON BUDGET & POLICY PRIORITIES

- The books are in the care of ▶ 820 FIRST ST., N.E., #510 - WASHINGTON, DC 20002
  Telephone No ▶ (202) 408-1080 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2010 or
▶ [ ] tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print	Name of exempt organization	Employer identification number
File by the extended due date for filing your return See instructions	CENTER ON BUDGET AND POLICY PRIORITIES	52-1234565
	Number, street, and room or suite no. If a P O. box, see instructions. 820 FIRST STREET, N.E., NO. 510	
	City, town or post office, state, and ZIP code For a foreign address, see instructions WASHINGTON, DC 20002	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

CENTER ON BUDGET & POLICY PRIORITIES

- The books are in the care of ▶ 820 FIRST ST., N.E., #510 - WASHINGTON, DC 20002
  Telephone No. ▶ (202) 408-1080 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 *I request an additional 3-month extension of time until* NOVEMBER 15, 2011.

5 For calendar year 2010, or other tax year beginning _____, and ending _____

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension
THE ORGANIZATION REQUIRES ADDITIONAL TIME TO COMPILE ACCOUNTING RECORDS TO ENSURE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	0.
c	**Balance due.** Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Title ▶ PRESIDENT Date ▶

Form **8868** (Rev 1-2011)

023842
01-24-11