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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

Open to Public Inspection

A	Fo	r the 2	2011 calendar year, or tax year beginning and endir	ng					
В		ck if licable	C Name of organization Massachusetts Budget and Policy Center,		D Employer identif	ication number			
[Address shange	Inc.						
		Name change	Doing Business As			967537			
[!!	nitial etum	1 , , , , , , , , , , , , , , , , , , ,	n/suite	E Telephone number				
[ermin- ited	15 Court Square, Suite 700		617-	426-1228			
[n	Amendec etum	City of town, state of country, and zir + 4		G Gross receipts \$	sipts \$ 843,042.			
[Applica-	Boston, MA 02108		H(a) Is this a group r	(a) Is this a group return			
	P	ending	F Name and address of principal officer:Noah Berger		for affiliates?	Yes X No			
					H(b) Are all affiliates in	cluded? Yes Mo			
Ī			npt status: X 501(c)(3)	527		a list. (see instructions)			
			▶ WWW.MASSBUDGET.ORG		H(c) Group exemption				
				L Year o	f formation 1987	M State of legal domicile MA			
U	Parl		Summary		10.0				
	Activities & Governance	1 B	nefly describe the organization's mission or most significant activities: See Sch	<u>ieau.</u>	re o				
		2 C	heck this box 🕨 🔲 if the organization discontinued its operations or disposed o	of more	than 25% of its net a				
:	<u> </u>		umber of voting members of the governing body (Part VI, line 1a)		3	17			
	ਤ ਫ	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		4	17			
	es	5 To	otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	12			
:	<u> </u>	6 To	otal number of volunteers (estimate if necessary)		6	0			
	ğ	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>				
_	_	b N	et unrelated business taxable income from Form 990-T, line 34		7b				
2012					Prior Year	Current Year			
2	9		ontributions and grants (Part VIII, line 1h) RECEIVED	-	811,012.	760,926.			
£±'	ଅ		rogram service revenue (Part VIII, line 2g)	-	1,307.				
~		10 In	vestment income (Part VIII, column (A), lines B, 4, and 7d)	-	1,307.				
NCI.		11 0	ther revenue (Fart VIII, Column (A), lines 3100, 30, 30, 400, 4100, and 11e)	-	812,319				
=_			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 2)		2,000				
SCANNEL			rants and similar amounts paid (Part IX, column (本) (物色区)	-	2,000.				
罗			enefits paid to or for members (Part IX, column (A), line 4)	-	650,948				
Z	Ses]		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.00,948.				
Q C	ั ลู		rofessional fundraising fees (Part IX, column (A), line 11e). otal fundraising expenses (Part IX, column (D), line 25) 90,052.			•			
Ø,	ַ בֿ		otal fundraising expenses (Part IX, column (D), line 25) 90,052. ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	146,869.	143,547.			
	- ['		ther expenses (Part IX, Column (A), lines 11a-11d, 111-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		799,817				
	ı		evenue less expenses. Subtract line 18 from line 12		12,502				
=	8	ירו פו	evenue less expenses. Subtract line 10 from line 12	Ren	inning of Current Year				
Ş	Fund Balances	20 To	otal assets (Part X, line 16)	00,	715,915				
Ass	E .		otal liabilities (Part X, line 26)		15,590.				
Ž			et assets or fund balances. Subtract line 21 from line 20		700,325.				
	Par		Signature Block						
U	nder	penaltı	es of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of r	ny knowledge and belief, it is			
			and complete. Declaration of preparer (other than officer) is based on all information of which p						
_					5/11/1-	<u></u>			
S	ign	ן ן	Sjonettire of officer		Date				
Н	lere	1	Noah Berger, President						
_	_	!	Type or print name and title		-A				
			Print/Type preparer's name Preparer's signature		ate Check	PTIN			
	ald	_	laine M. Renzi, CPA		5/10/12 self-emplo				
	repai			LLC	Firm's EIN	04-3530932			
U	se O	nty F	irm's address 1000 FRANKLIN VILLAGE DRIVE, SUITE	. ZU	L	(508) 553-3091			
_			FRANKLIN, MA 02038		Phone no				
ī	1ay t	ne IRS	6 discuss this return with the preparer shown above? (see instructions)		 -	X Yes No			

132002 02-09-12

4e

Form **990** (2011)

Total program service expenses

Other program services (Describe in Schedule O.)

including grants of \$

705,838.

Par	TIV Checklist of Required Schedules	1		
			Yes	<u>No</u>
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	<u>X</u>	
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		<u> X</u>
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	<u>X</u>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		/	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	N/	A
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			17
	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,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
_	Schedule D, Part III	8_		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	_		x
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_^_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	Х	
h	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		х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.,
	or more? 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	 	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	٠. ا		v
	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,			X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		X
46	1c and 8a? If "Yes," complete Schedule G, Part II	<u>''</u>	\vdash	 **
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
00-	complete Schedule G, Part III	20a	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 	† -
	II Tes to line zoa, dio the organization attach a copy of its addited financial statements to this return?		990	(2011)

Inc. 04-2967537 Form 990 (2011) Page 4 Part W Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the Х United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 X 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X Schedule J 23 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 Х Schedule K. If "No", go to line 25 24a **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 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X Schedule L. Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? 34 X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of X section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Form **990** (2011)

37

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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
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

04-2967537 Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			\Box					
	Charles a contains a response to any question in this rate v		Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3	163	110					
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	וֹ וֹ							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1							
	(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	2							
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)								
За	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		ļ					
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.								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X					
ь	, , , , , , , , , , , , , , , , , , , ,								
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		 					
6a				х					
.	any contributions that were not tax deductible?	6a		<u> </u>					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь							
7	Organizations that may receive deductible contributions under section 170(c).	00		 					
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		Х					
b									
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b							
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	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		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	Α					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A								
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		ļ					
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the organization make any taxable distributions under section 4966? N/A Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9a		-					
10		9b		 					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a								
a 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:	╡ !							
а	Gross income from members or shareholders N/A 11a	1							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1							
	amounts due or received from them.)								
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 N/A 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	<u> </u>					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ						
	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	4							
C	Enter the amount of reserves on hand	<u> </u>	<u> </u>	1					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	1004 11					
		rom	330	(2011)					

04-2967537

Inc. Form 990 (2011) 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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent .			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	[
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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	1-7 .77111	ļ' '	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	<u> </u>
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).]]
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	l	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	nd fina	ncial	
. •	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation:	•	
	THE ORGANIZATION - 617-426-1228			
	15 COURT SQUARE, BOSTON, MA 02108			
<u> </u>				

01-23-12

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.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	one than	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOANNE BLUM	1 00	.,				i			0	
DIRECTOR	1.00	X						0.	0.	0.
(2) HON, MICHAEL DUKAKIS	1 00	v				ŀ		0.	0.	0.
DIRECTOR	1.00	X						0.	0.	<u> </u>
(3) JOHN MAHER DIRECTOR	1.00	x						0.	0.	0.
(4) RICH MARLIN	1.00	Ĥ				┢		<u> </u>	0.	
DIRECTOR	1.00	x				ŀ		0.	0.	0.
(5) NAVJEET BAL	1.00							•		
DIRECTOR	1.00	X						0.	0.	0.
(6) JARRET T. BARRIOS		 								
DIRECTOR	1.00	X						0.	0.	0.
(7) CLARE HIGGINS										
DIRECTOR	1.00	X						0.	0.	0.
(8) JIM ST. GEORGE										
DIRECTOR	1.00	X		l				0.	0.	0.
(9) JOEL BARRERA										
SECRETARY	1.00	X		Х				0.	0.	0.
(10) PETER ENRICH										
PRESIDENT OF THE BOARD	1.00	X		X				0.	0.	0.
(11) TOM GOSNELL										
TREASURER	1.00	X		X				0.	0.	0.
(12) NOAH M. BERGER	1								_	
ORGANIZATION PRESIDENT	40.00	X		X	L	X	_	119,624.	0.	5,981.
(13) KALILA BARNETT										
DIRECTOR	1.00	X		_	<u> </u>	_	ļ	0.	0.	0.
(14) JACK BUCKLEY		١				ŀ				
DIRECTOR	1.00	X		ļ		ļ		0.	0.	0.
(15) MICHAEL CURRY	1 00	,,						_	_	^
DIRECTOR	1.00	X	ļ	<u> </u>	_	<u> </u>		0.	0.	0.
(16) CAROL KAMIN	1 00	U		}				0.	0.	^
DIRECTOR	1.00	X	 		 	\vdash		<u> </u>	0.	0.
(17) MIKE LAKE	1.00	x						0.	0.	0.
DIRECTOR 132007, 01-23-12	1.00	<u> </u>	<u> </u>	Щ.	L	l				Form 990 (2011)

132007 01-23-12

Inc.

Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)			
(A) Name and title	(B) Average hours per	(do box	not c	(C Posi heck i ss per) Ition more rson i	than dis boti	one h an	(D) Reportable compensation	(E) Reportable compensation	1	(F) Estimat amount	
	week (describe hours for related organizations in Schedule O)	(describe hours for related reganizations in Schedule reganizations reganizations related reganizations reganizati					from related organizations (W-2/1099-MISC)	C	other compensation from the organization and related organization			
(18) ROB RESTUCCIA	1 00											
DIRECTOR	1.00	X						0.		-		0.
											-	
	,											
1b Sub-total	U 0 - 4 - 4	l						119,624.		•	5,9	0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							119,624.		•	5,9	81.
Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	ed at	oove	e) wh	o re	eceived more than \$100	,000 of reportable		1	1
3 Did the organization list any former officer		ıste	e, ke	y en	nplo	yee,	or i	highest compensated ei	mployee on		Yes	No X
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15 	um of reportab								the organization	4		X
Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue comper	nsat	on f	rom	any	unr			dual for services	5		х
Section B. Independent Contractors												
Complete this table for your five highest co the organization. Report compensation for	•	-							=	nsatio	n from	
(A) Name and business			ONE					(B) Description of s		Com	(C) pensation	on
				_								·
							_					
Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite	d to		se lis)	sted	above) who received m	nore than			

Part VIII Statement of Revenue (D) Revenue (A) **(B)** (C) Unrelated Total revenue Related or excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and 760,926 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 760,926. h Total. Add lines 1a-1f **Business Code** 80,000. 80,000. Program Service Revenue 2 a RESEARCH PROJECTS 511190 f All other program service revenue 80,000. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,116. 2,116. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue Total. Add lines 11a-11d 843,042. 80,000. 0. 2,116. Total revenue. See instructions Form 990 (2011)

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).

٥	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	2 200	2 000		
	organizations in the United States. See Part IV, line 21	2,000.	2,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 000	445 555	2 1 2 6	0 505
	trustees, and key employees .	129,286.	117,575.	3,176.	8,535
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	436,829.	361,300.	16,715.	58,814
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	21,249.	17,452.	869.	2,928 127
9	Other employee benefits	47,313.	47,144.	42.	
0	Payroll taxes	51,405.	42,769.	2,295.	6,341
1	Fees for services (non-employees):				
а	Management				
b	Legal .				
C	Accounting	17,766.	8,899.	7,596.	1,271
d	Lobbying .				·
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees .				
9	Other	750.	750.		
2	Advertising and promotion				<u> </u>
3	Office expenses				
4	Information technology	31,405.	27,636.		3,769
5	Royalties .				
6	Occupancy	48,285.	40,560.	1,931.	5,794
7	Travel	12,387.	12,387.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,548.	1,133.	415.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance .	2,055.	420.	1,575.	60
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	EQUIPMENT COSTS	7,145.	6,002.	286.	857
b	TELEPHONE & COMMUN	6,112.	5,527.	146.	439
c	PRINTING & PUBLICATIONS	5,402.	5,291.	28.	83
d	MISCELLANEOUS	4,807.	3,896.	547.	364
е	All other expenses	5,885.	5,097.	118.	670
25	Total functional expenses. Add lines 1 through 24e	831,629.	705,838.	35,739.	90,052
26	Joint costs. Complete this line only if the organization				
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)	i			

132010 01-23-12

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	267,521.	1	256,669.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	356,097.	3	165,750.
4	Accounts receivable, net	1,000.	4	
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	, , , , , , , , , , , , , , , , , , , ,		TIT TOWN
	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	
Slesset 7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	200.	9	1,787
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 20,619.			
b		0.	10c	0 .
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	91,097.	15	91,097
16	Total assets. Add lines 1 through 15 (must equal line 34)	715,915.	16	515,303
17	Accounts payable and accrued expenses	15,590.	17	32,646
18	Grants payable	•	18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			· · · · · · · · · · · · · · · · · · ·
21 22 22 22 22 22 22 22 22 22 22 22 22 2	highest compensated employees, and disqualified persons. Complete Part II			
دُ	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 (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of		1	
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	15,590.	26	32,646.
	Organizations that follow SFAS 117, check here	2		
g	lines 27 through 29, and lines 33 and 34.			
ğ ₂₇	Unrestricted net assets	233,491.	27	244,904
g 28	Temporarily restricted net assets	466,834.	28	237,753
29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117, check here			
5	complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32 31 32 32 32 33 32 33 32 33 32 33 32 33 33	Retained earnings, endowment, accumulated income, or other funds		32	
2 33	Total net assets or fund balances	700,325.	33	482,657
34	Total liabilities and net assets/fund balances	715,915.	34	515,303.
				Form 990 (2011

Massachusetts Budget and Policy Center,

Form	1990 (2011)· Inc.	04-2967	<u> 7537</u>	Pag	_{je} 12
Pa	rt 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			<u>42.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			29.
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> </u>	<u>13.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u> 25.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-22		
_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	48	2,6	<u>57.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				Щ
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		7.111		
	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_
ь	Were the organization's financial statements audited by an independent accountant?		2b	Х	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	"		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За		ngle Audit			1
	Act and OMB Circular A-133?		3a		_X_
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		

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

Open to Public Inspection

Name of the organization

Massachusetts Budget and Policy Center,

Employer identification number 04-2967537

Part I	Reason	for Public Chari	ty Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.	<u> </u>	<u></u>		
	•		pecause it is: (For lines 1									
1 🗀		•	s, or association of churc	_		•	•					
2	•		0(b)(1)(A)(ii). (Attach Sc									
з 🗔			al service organization of	· ·	n section	170(b)(1)(A)(iii).					
4			perated in conjunction					(b)(1)(A)(ii	i). Enter t	he hospital's name,		
	city, and stat		•	·	•					•		
5	•		benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unr	describe	ed in		
	-	(b)(1)(A)(iv). (Comple		•	·	•	-					
6			ent or governmental unit	described	d in sectio	n 170(b)(1)(A)(v).					
7 X	•	•	erves a substantial part					r from the	general r	oublic 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 🗀	•		eives: (1) more than 33 1	-		om contri	butions, m	nembershi	o fees. ar	nd gross receipts from		
	-	•	ctions - subject to certa									
			exable income (less sect									
		509(a)(2). (Complete			,			, ,				
10			perated exclusively to te	st for publi	c safety. S	ee sectio	n 509(a)(4	I).				
11 🔲	_		erated exclusively for th	•	_				y 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		7		e III • Func		egrated		d 🗔	Type III - Other		
е 🗔			t the organization is not	controlled	directly or	r indirectly	by one o	r more disc	qualified p	persons other than		
			nan one or more publicly									
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	atitıs a Ty	pe I, Type	II, or Type	e III				
		rganization, check th			•							
g	Since August	17, 2006, has the o	rganization accepted ar	ny gift or co	ontribution	from any	of the folk	owing pers	sons?			
	(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons d	lescribed (ın (II) and (iii) below,	Yes No		
	the gove	erning body of the su	pported organization?							11g(i)		
	(ii) A family	member of a persor	described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	∍?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization((s).							
(i) Name	of supported	(ii) EIN	(iii) Type of		rganization			(vi) is organization	the	(vii) Amount of		
	anization	, ,	organization (described on lines 1-9		sted in your			(i) organiz	ed in the	support		
			above or IRC section	governing	document?	(i) of your	support	US	,			
			(see instructions))	Yes	No	Yes	No	Yes	No			
				<u> </u>								
												
					1							
								_	 			
Total		<u> </u>		1	I		<u>L</u>	1	<u></u>			

132021 01-24-12

Form 990 or 990-EZ.

13

2011.03040 Massachusetts Budget and Po MBPC6751

Schedule A (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for

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) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 482,031. 887,975. 835,971. 811,012. 760,926. include any "unusual grants.") 3,777,915. 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 482,031. 887,975. 835,971. 811,012. 760,926. 4 Total. Add lines 1 through 3 3,777,915. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 3,777,915. Section B. Total Support (c) 2009 (a) 2007 Calendar year (or fiscal year beginning in) **(b)** 2008 (d) 2010 (e) 2011 (f) Total 887,975. 811,012.482,031. 835,971. 760,926. 7 Amounts from line 4 3,777,915. 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 1,573. 9,516. 7,715. 1,307. 2,116. 22,227. and income from similar sources 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.) 3,800,142. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 99.42 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f) 14 99.40 15 15 Public support percentage from 2010 Schedule A, Part II, line 14 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. 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 - 2011. 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 - 2010. 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

Schedule A (Form 990 or 990-EZ) 2011

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 Suppo	ort						
Calendar year (or fiscal year begii	nning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions	s, and		-				
membership fees received	d. (Do not				ļ.		
ınclude any "unusual gran	ts.")						
2 Gross receipts from admis merchandise sold or servic formed, or facilities furnish any activity that is related organization's tax-exempt	ces per- ned in to the						
3 Gross receipts from activit	ties that			1			
are not an unrelated trade iness under section 513	or bus-						
4 Tax revenues levied for the	e organ-						
ization's benefit and either or expended on its behalf	r paid to						
5 The value of services or fa	icilities —						
furnished by a governmen the organization without c	ital unit to						
6 Total. Add lines 1 through	15						
7a Amounts included on lines	s 1, 2, and			·			
3 received from disqualifie	ed persons						
b Amounts included on lines 2 and 3 from other than disqualified person exceed the greater of \$5,000 or 1% amount on line 13 for the year	s that						
c Add lines 7a and 7b							
8 Public support (Subtract line 7c	from tine 6)						
Section B. Total Suppor				<u> </u>		***************************************	
Calendar year (or fiscal year begi		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	· '			,,,	1	1-7	
10a Gross income from interes dividends, payments rece securities loans, rents, roy and income from similar so	ived on alties						
b Unrelated business taxable in	come						
(less section 511 taxes) from	businesses						
acquired after June 30, 1975							
c Add lines 10a and 10b							
11 Net income from unrelated activities not included in li whether or not the busines regularly carried on	ne 10b,				!		
12 Other income. Do not include or loss from the sale of call assets (Explain in Part IV.)	pital						
13 Total support (Add lines 9, 10c,				<u> </u>		_	<u> </u>
14 First five years. If the For	m 990 is for th	e organization's	s first, second, thu	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organi:	zation,
check this box and stop h	nere			· -	•		▶
Section C. Computation	n of Public	Support Pe	rcentage				
15 Public support percentage	e for 2011 (line	8, column (f) d	ivided by line 13,	column (f))		15	
16 Public support percentage	e from 2010 Sc	chedule A, Part	III, line 15			16	•
Section D. Computation							
17 Investment income percer						17	
18 Investment income percei	_	•				18	
19a 33 1/3% support tests -	-			on line 14, and line	e 15 is more than :	33 1/3%, and line	17 is not
more than 33 1/3%, check							▶□
b 33 1/3% support tests -			-				and
line 18 is not more than 33		_					
20 Private foundation. If the							▶[
To Trivate louridation in the	JI SALILE GROUP C	Olieun a	-37, 511 mgg 17; 18	, J JO JIIOUN L			

SCHEDULE·C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.	.,	_, . d. , 000 (, .o.,	raxy, then
	ne of organization Massach	usetts Budget ar	nd Policy Ce	nter, Em	ployer identification number
	Inc.	-	•	·	04-2967537
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527	organization.
2	Provide a description of the organize Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities	in Part IV.	\$
Pa	art I-B Complete if the org	ganization is exempt un	der section 501(c)	(3).	
	Enter the amount of any excise tax				\$
	Enter the amount of any excise tax	• •			\$
	If the organization incurred a section	• •	-		Yes No
	Was a correction made?		, , , , , , , , , , , , , , , , , , ,		Yes No
	o If "Yes," describe in Part IV.		• •		
		ganization is exempt un	der section 501(c)	, except section 50	1(c)(3).
1	Enter the amount directly expende	d by the filing organization for s	ection 527 exempt fund	ction activities	\$
	Enter the amount of the filing organ				<u> </u>
	exempt function activities			•	\$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POL		
_	line 17b			<u> </u>	\$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
	Enter the names, addresses and er		IN) of all section 527 or	olitical organizations to wh	
-	made payments. For each organiza		•	-	
	contributions received that were pr				
	political action committee (PAC). If	additional space is needed, pro	vide information in Part	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter 0	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2011

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LHA

_	_	icis budget a	nd Folicy Co		967537 Page 2		
Schedule C (Form 990 or 990-EZ) 2011 Part IF-A Complete if the org		empt under coctio	n 501/a)/3) and file		96/33/ Page 2		
(election under sec		empt under section	ii so i(c)(o) and iii	5d 1 01111 37 00			
		affiliated group (and list in	Part IV each affiliated	group member's nam	e. address. FIN.		
expenses, and shar				group mombor o nam	0, 404.000, 2,		
. —		and "limited control" pro	visions apply.				
Limit	s on Lobbying Ex	-		(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to influ	ence public opinio	n (grass roots lobbying)					
b Total lobbying expenditures to influ	•		Ī	18,180.			
c Total lobbying expenditures (add lii	_	, ca, (aact (a.a.)ig)		18,180.			
d Other exempt purpose expenditure	•			813,449.			
e Total exempt purpose expenditure		1d)	_	831,629.			
f Lobbying nontaxable amount. Ente	,	•	h columns.	149,744.			
If the amount on line 1e, column (a) of	T T	obbying nontaxable am			, , ,		
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 exc	ess 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 plus 5% of the exce	1 6				
Over \$17,000,000	\$1,00	0,000.					
		·					
g Grassroots nontaxable amount (en	ter 25% of line 1f)			37,436.			
h Subtract line 1g from line 1a. If zero	o or less, enter -0-			0.			
i Subtract line 1f from line 1c. If zero	or less, enter -0-		[0.			
j If there is an amount other than zer	o on either line 1h	or line 11, did the organiza	ation file Form 4720	_			
reporting section 4911 tax for this	year?				Yes No		
•	ations that made a lumns below. See	veraging Period Under a section 501(h) election the instructions for line	n do not have to comp s 2a through 2f on pa				
· · · · · · · · · · · · · · · · · · ·	Lobbying Exp	enditures During 4-Yea	er Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2008	(ь) 2009	(c) 2010	(d) 2011	(e) Total		
2a Lobbying nontaxable amount	129,513	140,565.	144,973.	149,744.	564,795.		
b Lobbying ceiling amount (150% of line 2a, column(e))	·····				847,193.		
c Total lobbying expenditures	558	2,167.	9,399.	18,180.	30,304.		
d Grassroots nontaxable amount	32,378	35,141.	36,243.	37,436.	141,198.		
e Grassroots ceiling amount (150% of line 2d, column (e))				,,, <u>,,</u>	211,797.		

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

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)).

1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over 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	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? Publications, or published or broadcast statements? f Grants to other organizations for folobying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Raillies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total, Add lines 1c through 11 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? bif "Yes," enter the amount of any tax incurred under section 4912 cif "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 ft 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). 1 Were substantially all (80% or more) dues received nondeductible by members? 2 Did the organization make only inhouse lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section \$27(f) tax was paid). a Current year b Carryover from last year 7 Total A ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues d 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 n		5), or se		ount
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Schedule C (Form 990 or 990-EZ) 2011

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Massachusetts Budget and Policy Center,

Employer identification number 04-2967537

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a		sed only
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" to Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		orically important land area
	Protection of natural habitat	Preservation of a certific	·
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	e
	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	· · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements dur	ring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	he year > \$
8	Does each conservation easement reported on line 2(d) abor		· · · · · · · · · · · · · · · · · · ·
	and section 170(h)(4)(B)(ii)?		. Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	ne organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	ic 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 tre	easures, or other similar assets for financial g	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Massachusetts Budget and Policy Center,

Sche	dule D (Form 990) 2011 Inc.				-			04-29	67537	Page 2
Par	t 脚 Organizations Maintaining C	ollections of Ar	rt, His	torical Tr	easures,	or Othe	r Simila	ar Asse	ts (contil	nued)
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following the	at are a si	gnificant i	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	ams				
b	Scholarly research	е		Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	n how th	ney further t	he organizat	ion's exer	mpt purpo	ose in Par	t XIV.	
5	During the year, did the organization solicit or	r receive donations o	of art, hi	stoncal trea	sures, or oth	ner simılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nızatıon's co	ollection?				Yes	No_
Par	Escrow and Custodial Arrange reported an amount on Form 990, Par	-	ete if the	e organizatio	n answered	"Yes" to	Form 990	, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contribution	s or other a	ssets not	included	-		
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	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 Fo	orm 990, Part X, line	21?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) F	nor year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships						-			***************************************
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
a	End of year balance									··········
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1	a. column (a	a)) held as:	<u> </u>			<u> </u>	
а	Board designated or quasi-endowment	,	%	5 , (-	,,					
b	Permanent endowment ▶	%								
c	Temporarily restricted endowment ▶	% %								
	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse		ation tha	at are held a	nd administ	ered for ti	ne organiz	zation		
	by:								ſ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations			•					3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the	-								
Par	t VI Land, Buildings, and Equipm				****			· · · · · · · · · · · · · · · · · · ·		
	Description of property	(a) Cost or o			or other	(c) A	cumulate	ed	(d) Book	value
	a acceptance in property	basis (investr			(other)		oreciation		• •	
1a	Land		· · · · · · · · · · · · · · · · · · ·		<u>:</u>	1				
	Buildings									
	Leasehold improvements									
	Equipment	20,	619.				20,6	19.		0.
	Other									
	. Add lines 1a through 1e. (Column (d) must e	aual Form 990, Part	X. colur	nn (B), line 1	10(c).)					0.

Schedule D (Form 990) 2011

132053 01-23-12 Schedule D (Form 990) 2011

Massachusetts Budget and Policy Center

Sche	edule D (Form 990) 2011 Inc.		y cene	CL,	04-	2967537	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Finan	cial Sta			raye 1
1	Total revenue (Form 990, Part VIII, column (A), line 12)	7.2271	<u> </u>	1			,042.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			,629.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		•	3			,413.
4	Net unrealized gains (losses) on investments		•	4			
5	Donated services and use of facilities	•	•	5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)		-	8		-229	,081.
9	Total adjustments (net). Add lines 4 through 8			9			,081.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9		10			,668.
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Rever	nue pe	r Returr		
1	Total revenue, gains, and other support per audited financial statements				1	613	,961.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities .	2b					
C	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d	11	4,83	3.		
е	Add lines 2a through 2d				2e	114	,833. ,128.
3	Subtract line 2e from line 1				3	499	<u>,128.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b	34	3,91	4.		
С	Add lines 4a and 4b				4c	343	,914. ,042.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5		<u>,042.</u>
	T XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	Ith Expe	nses p			<u> </u>
1	Total expenses and losses per audited financial statements			•	1	831	<u>,629.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1					
a	Donated services and use of facilities	2a			<u> </u>		
b	Prior year adjustments	2b					
C	Other losses	2c					
d	Other (Describe in Part XIV.) Add lines 2a through 2d	2d			\dashv \Box		٥
3	Subtract line 2e from line 1	•			2e 3	831	,629.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	• •			3		1023.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIV.)	4b			-		
	Add lines 4a and 4b	40			─ 4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•		•	5	831	,629.
	rt XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	I, lines 1	a and 4; Pa	rt IV, line	s 1b and 2	2b; Part V, line	4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						
			,	•			
<u> </u>							
Par	ct XI, Line 8 - Other Adjustments:						
Cha	ange in Temporarily Restricted Net Assets	-					<u>,081.</u>
							
Day	ct VII line 2d Other Adjustments.						
ra	ct XII, Line 2d - Other Adjustments:						
ΨДΙ	mporarily Restricted Revenue					114	,833.
	mporarry Moderroom Nevende					111	,
							
Par	ct XII, Line 4b - Other Adjustments:						
		-			Sahad	lule D /Form 9	200) 2011

132054 01-23-12

· ·	Ma	assachuse	tts	Budget	and	Policy	Center,		
Schedule D (Form 990)) 2011 Ir	ic.						04-296753	7 Page 5
Schedule D (Form 990) Part XIV Supple	mental Informat	ion (continued)						· · · · ·	
Temporarily				lesced				34	3,914.
Temporarrry	Restricted	Revenue	NE	reaseu				34.	3,714.
									
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SCHEDULE Q (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Name of the organization

Massachusetts Budget and Policy Center, Inc.

Employer identification number 04-2967537

Form 990, Part I, Line 1, Description of Organization Mission:
To provide independent research and analysis of the state budget and
tax policies and economic issues that affect low- and moderate-income
people in Massachusetts.
Form 990, Part I, Revenue & Expenses, Lines 8 & 19
Presentation of Revenue
In order to present a more comparable and clear presentation,
MassBudget presents its revenue for page one on an unrestricted basis.
Reasoning for this is that some of its grants span a time period in
excess of one year and restricted revenue is recorded based on when a
grant is pledged. MassBudget plans its operation according to
unrestricted revenue. If temporarily restricted revenue is included on
page 1, the resulting net activity reflects grants awarded on a given
date for a two-year period. This is misleading in that some years may
show large increases in net assets while others show large decreases.
This is not a representative measure of the ongoing activity of
MassBudget.
Changes in temporarily restricted net assets are disclosed in Parts XI,
Reconciliation of Net Assets and Schedule D, Reconciliation of Revenue
and Expenses to Audited Financial Statements.
Form 990, Part VI, Section B, line 11: The tax return is sent
electronically to all members of the Board of Directors and any questions
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12