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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
2011

Open to Public

۸ E	r tha '	2011 62	lendar year, or tax year beginning 01-01-2011	and ending 12-31-201	1			
			C Name of organization	and ending 12-31-201		D Emplo	yer id	entification number
	eck if ap dress ch	pplicable lange	CENTER ON BUDGET AND POLICY PRIORITIES			52-1	23454	6.5
_		_	Doing Business As		_	E Teleph		
_	me char	_				(202	1408-	-1080
Inr	tıal retur	rn	Number and street (or P O box if mail is not delivered	to street address) Room/s	uite	• •		s \$ 51,873,866
Te	rmınated	d	820 FIRST STREET NE NO 510			<b>G</b> G1033	Гесетри	<u> </u>
— Am	nended r	return	City or town, state or country, and ZIP + 4	<u> </u>				
— <sub>Ap</sub>	plication	pending	WASHINGTON, DC 20002					
·			F Name and address of principal officer		11/-> 7 11			
			ROBERT GREENSTEIN		<b>H(a)</b> Is the affilia		retur	n for
			820 FIRST STREET NE NO 510					,,
			WASHINGTON, DC 20002		H(b) Are all	affiliates	inclu	ded?
								t (see instructions)
[ Ia	ix-exem	pt status	501(c)(3)       501(c)( ) ◀ (insert no )       494	47(a)(1) or   527	H(c) Grou	p exemp	tion ni	umber 🟲
J W	ebsite	::► WW	/W CBPP ORG					
<b>K</b> For	m of ord	anızatıon	✓ Corporation  Trust  Association Other ►		L Year of for	mation 19	981	<b>M</b> State of legal domicile DC
	rt I		mary		E real or lo	madon 1.	,01	Totale of legal dofficie De
			escribe the organization's mission or most signif	icant activities				
Governance	F	POLICI	CTING RESEARCH AND ANALYSIS TO HELP FES, AND POLICIES AND PROGRAMS THAT AFOUALS AT THE FEDERAL, STATE AND INTERN	PROMOTE GREATER FECT THE LIVES OF				
<b>≣</b>	-							
Š.	2 -	heck +h	nis box দ if the organization discontinued its o	nerations or disposed	of more than ?	5% of the	net -	assets
			,		of more than 2	5 % OF ILS	ı	1
Activities &			of voting members of the governing body (Part V		•		3	15
Ě			of independent voting members of the governing		-		4	15
3			mber of individuals employed in calendar year 20				5	189
4			mber of volunteers (estimate if necessary) .				6	0
	1		related business revenue from Part VIII, column				7a	0
	Ь	Net unre	lated business taxable income from Form 990-T	, line 34			7b	0
					Prio	r Year	_	Current Year
a)	8	Contri	butions and grants (Part VIII, line 1h)		28,029,7		23,029,122	
Ravenue	9	Progra	m service revenue (Part VIII, line 2g)		833,	-	754,702	
3	10		ment income (Part VIII, column (A), lines 3, 4,		562,	037	573,174	
_	11		revenue (Part VIII, column (A), lines 5, 6d, 8c,			0	0	
	12		revenue—add lines 8 through 11 (must equal Pai		ne	29,425,	074	24,356,998
	13		and similar amounts paid (Part IX, column (A),			6,863,		6,884,141
	14		ts paid to or for members (Part IX, column (A), li			0,003,	0	0,004,141
			es, other compensation, employee benefits (Part					
8	15	5-10)		. 1x, column (A), mes		12,426,	560	14,245,773
Expenses	16a	•	sional fundraising fees (Part IX, column (A), line	e 11e)			0	0
÷	ь		ndraising expenses (Part IX, column (D), line 25) \$\infty\$-929,47					
Ð	17		expenses (Part IX, column (D), line 25) = 225/11.	-		7,090,	460	7,724,747
	18		expenses (Part IX, column (A), lines 11a-11d, expenses Add lines 13-17 (must equal Part IX,	-		26,380,		28,854,661
	19		ue less expenses Subtract line 18 from line 12			3,044,		-4,497,663
- e7	15	Neven	ac icas expenses Subtract line 10 from line 12		Beginning			
Net Assets or Fund Balances						or Curre ear		End of Year
9 48 18 48	20	Total	assets (Part X, line 16)			67,589,	383	62,580,543
4 Z	21		iabilities (Part X, line 26)			1,512,	-	2,100,531
25	22		sets or fund balances Subtract line 21 from line			66,076,		60,480,012
Pa	rt II		ature Block			. ,		, , ==
Jnde (now	r penal	ties of po	erjury, I declare that I have examined this return, inc f, it is true, correct, and complete. Declaration of pr		er) is based on a	all inform		
<b>-:</b> -	_	**** Signa	** ature of officer		20 Da	12-08-13 te		
Sigr Her					Da	<del>-</del>		
ier	C		RT GREENSTEIN PRESIDENT or print name and title					
		F	<del>_</del>	- I	Ol and if	T <sub>s</sub>		
_		Preparer	5	Date	Check if self-	Preparer (see inst		ayer identification number s)
Paid	_	signature	· • · · · · · · · · · · · · · · · · · ·		employed 🕨 🦳	P013610		•
	arer's		ame (or yours RIBIS JONES & MARESCA PA	L		EIN F 5	2_1952	933
Jse	Only		nployed), and ZIP + 4  10500 LTTTLE PATUXENT PARKWAY SUIT	E		LIN P. D.	1033	
		]	COLUMBIA, MD 21044			Phone no	o 🕨 (-	410) 884-0220
		i .	COLUMDIA, MD 21044					

May the IRS discuss this return with the preparer shown above? (see instructions) . .

Par		ment of Program S				
1		be the organization's mi				,
PRO	MOTING BETT	_	NDING, BRINGING	G TO GETHER INFOR OR CHANGE	RMATION, AND ANALYZIN	G IMPACTS OF CERTAIN
2		zation undertake any sig 1990 or 990-EZ?			ar which were not listed on	┌ Yes ┌ No
	If "Yes," desc	ribe these new services	on Schedule O			
3	services? .	zation cease conducting		nt changes in how it o	conducts, any program	┌ Yes ┌ No
4	Describe the e	organization's program s ction 501(c)(3) and 501	ervice accomplishn (c)(4) organizations	s and section 4947(a	three largest program servic a)(1) trusts are required to r ach program service reporte	eport the amount of
4a	(Code	) (Expenses \$	3,818,091	ıncludıng grants of \$	) (Revenue \$	19,775 )
		L POLICY AND RELATED PROJ D INCOME DISTRIBUTION	ECTS PERFORMS RESE	ARCH AND ANALYSIS OF	FEDERAL BUDGETS, TAX POLICIES	AND RELATED ISSUES, AND TRENDS
	(Code	) (Expenses \$	3,930,541	ıncludıng grants of \$	) (Revenue \$	632,690 )
	IMPLEMENTATIO		LOW-INCOME PROGRAM	IS THE CENTER ALSO CO	VELOPMENT OF STRATEGIES TO IM NDUCTS POLICY ANALYSIS AND PR CHILD TAX CREDIT	
	(Code	) (Expenses \$	6,042,725	ıncludıng grants of \$	2,894,699 ) (Revenue \$	65,604 )
	STATE FISCAL 8	RELATED PROJECTS PERFO	RMS RESEARCH & ANAL	YSIS OF STATE BUDGET	AND TAX POLICY WITH AN EMPHAS E-LEVEL POLICY ORGANIZATIONS	, ,
	(Code	) (Expenses \$	1,906,585	ıncludıng grants of \$	) (Revenue \$	6,481 )
	FEDERAL & STA	TE HEALTH PROJECTS WORK	S TO IMPROVE THE HEA	ALTH OF LOW-INCOME FA	MILIES AND INDIVIDUALS THROUG D FAMILY HEALTH INSURANCE COV	H RESEARCH, IMPROVEMENTS IN
	(Code	) (Expenses \$	597,601	including grants of \$	91,972 ) (Revenue \$	1,687)
	DC FISCAL POLI	ICY INSTITUTE PERFORMS R	ESEARCH & ANALYSIS O	N THE BUDGET, TAX POL	CIES, & LOW-INCOME PROGRAMS	OF THE DISTRICT OF COLUMBIA
	(Code	) (Expenses \$	9,991,307	ıncludıng grants of \$	3,897,470 ) (Revenue \$	28,465 )
	INTERNATIONAL		THE CAPACITY OF NON-	GOVERNMENTAL ORGANIZ	ZATIONS AROUND THE WORLD THA	T WORK ON BUDGET AND TAX
	Other progra	m services (Describe ii	n Schedule O )			
	(Expenses \$		including grants of	of \$ 3,98	9,442 ) (Revenue \$	36,633)
4e	Total prograi	m service expenses <b>&gt;</b> \$	26,286,85	10		

art IV	Checklis	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 1	6		No
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		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
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		No
С	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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	Yes	
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	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II and IV.	15	Yes	
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20h		

Pell	Checklist of Required Schedules (continued)			
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 $1^7$ If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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		No
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		No
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		No
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		No
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			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		Νo
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		No
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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
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	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Ċ.	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		+	- 110
	1a	5 5		
ь	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		Yes	
	gaming (gambling) winnings to prize winners?	1c	res	
	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
		189		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		l '	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
h	If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No," provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	F	<del>                                     </del>	
	over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a	<u> </u>	No
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	5		
			<u> </u>	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c	<u> </u>	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
<b>L</b>	organization solicit any contributions that were not tax deductible?	ft.a	$\vdash$	
D	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods ar	nd <b>7a</b>		No
	services provided to the payor?			
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 require			
	file Form 8282?	. 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	9 as		
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file			
	Form 1098-C?	7h		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Do the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess	a		
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	<u>                                   </u>	<del>                                     </del>	
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	$\vdash$	
	Section 501(c)(7) organizations. Enter	30		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
ע	sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<del>                                     </del>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year  Section 501(c)(29) qualified nonprofit health insurance issuers.			
đ	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organiza	ition		
_	allocated to each state	13a	<u> </u>	<u> </u>
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the aggregate amount of reserves on hand			
_	13c			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	No
_	If "Vee " has it filed a Form 720 to report these payments? If "No " provide an evaluation in Schodule O	146	1	

THE ORGANIZATION

(202) 408-1080

820 FIRST STREET NE NO 510 WASHINGTON, DC 20002

Form 990 (2011) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for Part VI a "No" response to lines 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 . . . . . . . . . . . . . . Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 1a 15 Enter the number of voting members included in line 1a, above, who are 1b 15 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . Νo Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo or persons other than the governing body? . . . . . . . . . . . . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? . . . . . . Yes 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 Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Did the organization have local chapters, branches, or affiliates? . Nο **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes the form? **b** Describe in Schedule O the process, if any, used by the organization to review the Form 990 . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . 12a Yes b Were officers, directors or trustees, and key employees required to disclose annually interests that could give Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? . . . . . 13 Yes 13 **14** Did the organization have a written document retention and destruction policy? . . . . 14 Yes 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 Yes Other officers or key employees of the organization . 15b Yes 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 16a Νo **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 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, 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 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐ Own website ☐ Another's website ☐ Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

# <u>Part VII</u> 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, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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 week (describe hours	Position more unles an	on (d e thai	c) o no n one son er ar	t che e box is bo nd a stee)	eck x, oth		(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	
	<b>.</b>		Institutional Trustee	Officei	Former Highest compensated employee Key employee Officer		Former		11250)	organizations	
(1) DAVID DE FERRANTI BOARD CHAIR	1 00	х						0	0	0	
(2) HENRY AARON BOARD MEMBER	1 00	х						0	0	0	
(3) KEN APFEL BOARD MEMBER	1 00	х						0	0	0	
(4) JAMES O GIBSON BOARD MEMBER	1 00	х						0	0	0	
(5) FRANK MANKIEWICZ BOARD MEMBER	1 00	х						0	0	0	
(6) WAYNE JORDAN BOARD MEMBER	1 00	х						0	0	0	
(7) MARION PINES BOARD MEMBER	1 00	х						0	0	0	
(8) JANO CABRERA BOARD MEMBER	1 00	Х						0	0	0	
(9) ROBERT D REISCHAUER BOARD MEMBER	1 00	х						0	0	0	
(10) SUSAN SECHLER BOARD MEMBER	1 00	х						0	0	0	
(11) WILLIAM J WILSON BOARD MEMBER	1 00	х						0	0	0	
(12) HENRY A COLEMAN BOARD MEMBER	1 00	х						0	0	0	
(13) ANTONIA HERNANDEZ BOARD MEMBER	1 00	х						0	0	0	
(14) LYNN MCNAIR BOARD MEMBER	1 00	х						0	0	0	
(15) PAUL RUDD BOARD MEMBER	1 00	х						0	0	0	
(16) ROBERT GREENSTEIN PRESIDENT	40 00			Х				197,998	0	20,710	
(17) DEBRA SCHWARTZ VP FINANCE & OPERATIONS	38 00			Х				146,590	0	20,899	

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

									1		1	
<b>(A)</b> Name and Title		(B) A verage hours per week (describe hours	erage Position (do not check Reportable compensation compensation from the an officer and a director/trustee)  Position (do not check Reportable compensation compensation from the director/trustee)  Reportable compensation (worganization)							(E) Reportable compensation from related organizations (W- 2/1099- MISC)	I	nated of other nsation i the tion and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		МІЗС)	organiz	
(18) SCOTT BUNTON EXECUTIVE VICE PRESIDENT		40 00				Х			190,724	0		10,884
(19) WARREN KRAFCHIK SENIOR VP - INT'L PROGRAMS		40 00				Х			175,461	0		18,857
(20) SUSAN STEINMETZ SENIOR VP - PROGRAM MGMT		40 00				Х			177,453	0		13,815
(21) ELLEN NISSENBAUM SENIOR VP - GOV'T AFFAIRS		40 00					х		177,531	0		29,900
(22) NICHOLAS JOHNSON VP - STATE FISCAL POLICY		40 00					х		164,781	0		26,617
(23) LADONNA PAVETTI VP - FAMILY INCOME POLICY		40 00					х		172,365	0		22,631
(24) CHARLES MARR DIRECTOR - FEDERAL TAX POL	ICY	40 00					х		183,909	0		26,243
(25) JUDITH SOLOMON VP - HEALTH POLICY		40 00					х		162,357	0		22,433
1b Sub-Total					<u> </u>	<u> </u>		<u> </u>				
c Total from continu						•		<b> </b>				
d Total (add lines 1b								▶	1,749,169	0		212,989
Total number of ind \$100,000 of report							above	) who	received more tha	n		
3 Did the organization on line 1a? If "Yes,							mploy •		or highest compens		Yes	No No
For any individual li	lated organıza									n from the	4 Vac	1

			res	140
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
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			1
	ındıvıdual	4	Yes	
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 I for such person	5		No

#### Section B. Independent Contractors

 $Complete \ this \ table \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than$  $$100,\!000$  of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

<b>(A)</b> Name and business address	(B) Description of services	<b>(C)</b> Compensation
LARRY HAAS 12 FALLS CHAPEL COURT POTOMAC, MD 20854	MEDIA CONSULTANT	263,680
ACLARA GROUP INC 209 S OAK STREET FALLS CHURCH, VA 22046	POLICY CONSULTANT	218,313
JUAN PABLO GUERRERO AMPARAN 1719 HORACIO APT 1301 MEXICO CITY D F 11510 MX	POLICY CONSULTANT	130,000
COMMUNITY IT INNOVATORS INC 1330 U STREET NW STE 200 WASHINGTON, DC 20009	IT CONSULTANT	118,420
JLD COMMUNICATIONS 2114 ROSLYN AVE FORESTVILLE, MD 20747	PRINTING SERVICES CONSULTANT	103,045
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

\$100,000 of compensation from the organization **>**5

ant v		Statement of Revenue				
	Τ.		(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
¥¥	1a	Federated campaigns 1a				
≅ੁਙ	ь	Membership dues 1b				
ಶ್≝	l c	Fundraising events 1c				
हिं च						
<u>ਰਾਵ</u>	d					
έĒ	e	Government grants (contributions) <b>1e</b> 987,957				
<u>≗</u> ≝	f	All other contributions, gifts, grants, and similar amounts not included above 22,041,165				
<u>∓</u>	g	Noncash contributions included in				
		lines 1a-1f \$ 101,679				
contributions, gins, grants and other similar amounts	h	Total. Add lines 1a-1f	23,029,122			
		Business Code				
Ξe						
Je J	2a	CONTRACT INCOME 900099	625,115	625,115		
28	b	SUBSCRIPTIONS & PUBLIC 511190	74,852	74,852		
လ မ	C	CONFERENCE & HONORARIA 611710	54,735	54,735		
F So	d					
ğ	e					
Program Serwice Revenue	f	All other program service revenue				
₹	g	Total. Add lines 2a-2f	754,702			
	3	Investment income (including dividends, interest				
		and other similar amounts)	712,373			712,373
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents (1) (1) (1) (1)				
	b	Less rental				
		expenses				
	C	Rental income or (loss)				
	d	Net rental income or (loss)	]			
		(ı) Securities (ıı) Other				
	7a	Gross amount 27,377,669	1			
		from sales of assets other				
	١.	than inventory				
	Ь	Less cost or 27,516,868 other basis and				
		sales expenses Gain or (loss) -139,199				
	c	·	120 100			120 100
	d	Net gain or (loss)	-139,199			-139,199
e E	8a	Gross income from fundraising events (not including				
₹		\$ of contributions reported on line 1c)				
<u> </u>		See Part IV, line 18				
Other Kevenue		a	]			
Ě	b	Less direct expenses b	]			
Ò	С	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities				
		See Part IV, line 19				
	١.	a				
	b	Less direct expenses b				
	C	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	<sub> </sub>	l acc cost of goods cold				
	Ь	Less cost of goods sold <b>b</b> Net income or (loss) from sales of inventory •				
	С					
	4-	Miscellaneous Revenue Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
		<b>▶</b>				
	12	Total revenue. See Instructions	24.255.55	<b></b>	_	
	1		24,356,998	754,702	0	573,174

# 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) 

	heck if Schedule O contains a response to any question in this Part IX	<u> </u>		<u>· · ·l                                 </u>	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,986,671	2,986,671		
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	3,897,470	3,897,470		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	973,390	616,733	322,620	34,037
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	10,989,967	9,628,710	771,557	589,700
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	443,504	387,086	31,799	24,619
9	Other employee benefits	1,056,943	922,491	75,788	58,664
10	Payroll taxes	781,969	678,858	58,129	44,982
11	Fees for services (non-employees)				_
а	Management				
ь	Legal	81,354	70,689	10,665	_
С	Accounting	81,124	1,700	79,424	_
d	Lobbying	59,175	59,175	,	
e	Professional fundraising See Part IV, line 17	,			
f	Investment management fees				
g	Other	2,551,171	2,490,355	34,963	25,853
12	Advertising and promotion	2,002,111	2, 130,000	0.7550	
13	Office expenses	521,058	435,987	52,952	32,119
14	Information technology	127,425	110,765	9,652	7,008
15	Royalties	127,425	110,703	9,032	7,000
16	·	1,425,964	1,242,865	102,045	81,054
17	Occupancy				<u> </u>
	Travel	1,585,720	1,579,269	3,758	2,693
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	910,559	880,816	27,766	1,977
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	77,064	63,827	9,036	4,201
23	Insurance	20,001	2,620	17,381	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	DUES AND SUBSCRIPTIONS	127,584	116,743	4,228	6,613
b	EQUIPMENT PURCHASE	88,790	74,009	9,976	4,805
c	REPAIR & MAINTENANCE	45,621	32,574	8,120	4,927
d	TAXES & LICENSES	22,137	7,437	8,480	6,220
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	28,854,661	26,286,850	1,638,339	929,472
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			<u> </u>	rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,100 1,100 1 1 1.834.093 2.670.218 2 2 3 25,763,912 21,936,266 171.593 279.399 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 277,661 9 309.270 Prepaid expenses and deferred charges . . . . . . 1,083,655 10a Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 652,322 260,485 b Less accumulated depreciation . . . . . 10c 431,333 39,280,539 11 36,952,957 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 67,589,383 62,580,543 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,512,415 17 2,076,199 17 Accounts payable and accrued expenses . 18 18 19 19 24,332 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D . . . . 26 1,512,415 26 2,100,531 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 23,844,038 27 24,236,925 Unrestricted net assets . . . . 41,232,930 28 35,243,087 28 Temporarily restricted net assets . . . . . Fund 29 1,000,000 29 1,000,000 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 66.076.968 33 60.480.012 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 67.589.383 62.580.543

Ра	Check if Schedule O contains a response to any question in this Part XI			.√	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		24.3	356,998
2	Total expenses (must equal Part IX, column (A), line 25)	2			354,661
3	Revenue less expenses Subtract line 2 from line 1	3		-4,4	197,663
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		66,0	76,968
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,0	99,293
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		60,4	180,012
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			৮	•
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is: on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued			
За	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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493227035672

OMB No 1545-0047

Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization CENTER ON BUDGET AND POLICY PRIORITIES

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

**Public Charity Status and Public Support** 

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

**Employer identification number** 

Par	4 T	Poac	on for Du	ıblic Charity Sta	tue (All or	nanizatione	must com	aloto this n	52-1234.		<u> </u>
				te foundation becaus						nstruction	5
1				ion of churches, or a					,		
2	<u>'</u>			d in <b>section 170(b)(</b> 1				/(±/(ħ/(i):			
3	<u>'</u>			perative hospital se				n 170(b)(1)	(A)(iii)		
4	<u>'</u>	-		h organization opera	=					(1)/	Entortho
4	,			ity, and state	tea iii conjun	ction with a	nospital des	cribed iii <b>sec</b>	.tioii 170(b)(	(1)(A)(III).	Enter the
5	Γ	=	•	erated for the benefi	=	or universi	ty owned or o	perated by a	governmen	tal unit des	cribed in
_	_			( <b>A)(iv).</b> (Complete P	•			4-41344			
6	_			local government of							
7	<b>▽</b>	describ	oed in	at normally receives ( <b>A)(vi)</b> (Complete P		al part of its	support from	a governme	ntal unit or f	rom the ger	neral public
8	$\Gamma$	A com	munity trust	: described in <b>sectio</b> i	n 170(b)(1)(	A)(vi) (Con	nplete Part II	: )			
9	$\Gamma$	An orga	anization th	at normally receives	(1) more th	an 331/3%	of its support	from contrib	butions, men	nbership fee	es, and gross
		receipt	s from activ	rities related to its e	xempt function	ons—subjec	t to certain e	xceptions, a	nd (2) no mo	ore than 33	1/3% of
		ıts sup	port from gr	oss investment inco	me and unrel	lated busine	ss taxable ın	come (less	section 511	tax) from b	usinesses
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee <b>section</b> 5	<b>509(a)(2).</b> (C	omplete Par	tIII)		
10	Г	An orga	anızatıon or	- ganızed and operate	d exclusively	to test for p	oublic safety	Seesection	509(a)(4).		
11	_	one or the box <b>a</b>	more public that descr Type I	ganized and operated ly supported organiz lbes the type of supp <b>b</b> Type I	ations descr porting organ I <b>c</b>	ibed in secti ization and d Type III	ion 509(a)(1 complete line - Functional	) or section s 11e throu ly integrated	509(a)(2) S gh 11h d	d $\Gamma$ Typ	<b>509(a)(3).</b> Check be III - Other
e f	ı	other the section	han foundat n 509(a)(2) organization	ox, I certify that the ion managers and ot received a written d	her than one	or more pub	olicly support	ed organızat	ions describ	ed in section	on 509(a)(1) or
g		Since A	this box August 17, 2 ng persons?	2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	of the		I
		(i) a pe and (111	erson who di ) below, the	rectly or indirectly o governing body of th er of a person descri	ne the suppor	ted organiza	_	persons des	cribed in (ii)	11	Yes No g(i) g(ii)
		(iii) a 3	35% contro	lled entity of a perso	n described i	ın (ı) or (ıı) a	ibove?			110	y(iii)
h		Provide	e the followi	ng information about	the supporte	ed organızat	ion(s)				
(i) Name suppo organiz		e of rted	d (ii) (described on col (i) listed in col		(v) Did you not organizat col (i) of suppor	on in your	(vi) Is the organization organization (i) organization (ii) organization (iii) organizati	ne tion in ganized	(vii) A mount of support?		
				(see instructions))	Yes	No	Yes	No	Yes	No	
				· · · · · · · · · · · · · · · · · · ·						1	
										1	
										1	
										†	
										1	
Total										1	

Support Schedule for Organizations Described in IRC 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.)

_		ie organización	rans to quanty a	maer the tests	noted below, pro	sase complet	<u>e i di c 111.</u>
	ection A. Public Support	1	1				
Cale	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do	21,888,57	27,239,900	21,045,778	28,029,778	23,029,12	2 121,233,151
	not include any "unusual	21,000,57	21,233,300	21,043,770	20,023,170	25,025,12	121,233,131
	grants ")						
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						
3	furnished by a governmental unit						
	to the organization without						
	charge						
4	<b>Total.</b> Add lines 1 through 3	21,888,57	3 27,239,900	21,045,778	28,029,778	23,029,12	2 121,233,151
5	The portion of total contributions	, ,		, ,		<u> </u>	
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						46,446,645
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5						74,786,506
	from line 4						
	ection B. Total Support endar vear (or fiscal vear						1
Care	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	(f) Total
7	A mounts from line 4	21,888,573	27,239,900	21,045,778	28,029,778	23,029,12	2 121,233,151
8	Gross income from interest,	21,000,575	21,233,300	22,010,770	20,023,770	23,023,12	121,233,131
0	dividends, payments received						
	on securities loans, rents,	1,250,994	947,189	3,288,834	2,031,788	573,17	4 8,091,979
	royalties and income from	, ,	<i>'</i>	, ,	, ,	•	, ,
	similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital						
11	Total support (Add lines 7						
	through 10)						129,325,130
12	Gross receipts from related activit	ties, etc (See ins	tructions )		•	12	2,677,339
13	First Five Years If the Form 990 is			third fourth or f	ifth tax vear as a		<u> </u>
	check this box and <b>stop here</b>			,	men can your ab a	0 0 1 (0)(0) 0. gc	<b>▶</b> □
S	ection C. Computation of Pu						
14	Public Support Percentage for 201	l 1 (line 6 column	(f) divided by line	11 column (f))		14	57 830 %
15	Public Support Percentage for 201	LO Schedule A, Pa	art II, line 14			15	54 950 %
16a	33 1/3% support test-2011. If th	e organization did	d not check the box	c on line 13, and l	line 14 is 33 1/3%	or more, chec	k this box
	and <b>stop here.</b> The organization qu						►✓
b	<b>33 1/3% support test—2010.</b> If th	_			Sa, and line 15 is 3	33 1/3% or mo	- <del>-</del>
	box and <b>stop here.</b> The organization						<b>►</b>
17a	10%-facts-and-circumstances test						
	is 10% or more, and if the organization me						
	in Part IV how the organization me	ecs the facts an	a circumstances"	test ine organiz	ation qualifies as	a publicly supp	. <del>-</del>
h	organization 10%-facts-and-circumstances test	t-2010 Ifthe or	nanization did not o	heck a hov on lir	ne 13 16a 16h a	or 17a and line	<b>&gt;</b>
ט	15 is 10% or more, and if the orga						
	Explain in Part IV how the organiz						clv
	supported organization				2	F	•⊢
18	Private Foundation If the organiza	tion did not chec	k a box on line 13,	16a, 16b, 17a o	r 17b, check this	box and see	
	instructions		,	•			<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

#### **Additional Data**

Software ID: Software Version:

**EIN:** 52-1234565

Name: CENTER ON BUDGET AND POLICY PRIORITIES

## Form 990, Special Condition Description:

#### **Special Condition Description**

# Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	1,906,585	including grants of \$	) (Revenue \$	6,481 )
THROUGH RESEAF		ROGRAM POL		INCOME FAMILIES AND INDIVI , AND OUTREACH STRATEGIES	
	) (Expenses \$ Y INSTITUTE PERFORMS I E DISTRICT OF COLUMBIA	RESEARCH & A	including grants of \$ ANALYSIS ON THE BUDGI	91,972 ) (Revenue \$ ET, TAX POLICIES, & LOW-INCO	1,687 ) ME
(Code	) (Expenses \$	9,991,307	including grants of \$	3,897,470 ) (Revenue \$	28,465 )

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493227035672

OMB No 1545-0047

# SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

- ◆ 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, line 35c (Proxy Tax), then

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

- 00	otion of (o)(a), (o), or (o) organizations complete rait in			
	me of the organization NTER ON BUDGET AND POLICY PRIORITIES	Employerıde	ntıfıcatıon	number
		52-1234565		
Pai	t I-A Complete if the organization is exempt under section 501(c) or is a	section 52	7 organi	zation.
1	Provide a description of the organization's direct and indirect political campaign activities on b in opposition to candidates for public office in Part IV	ehalf of or		
2	Political expenditures	<b>&gt;</b>	\$	
3	Volunteer hours			

ĊЦ	<b>The Complete II the organization is exempt under section 501(c) except section</b>	<u>n 50</u>	T(C)	(3).	
	t I-C Complete if the organization is exempt under section 501(c) except section	= EA	1/6\	(2)	
b	If "Yes," describe in Part IV				
<del>1</del> a	Was a correction made?			☐ Yes	┌ No
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No
2	Enter the amount of any excise tax incurred by organization managers under section 4955	<b>&gt;</b>	\$		
L	Enter the amount of any excise tax incurred by the organization under section 4955	•	\$		

1	Enter the amo	nount directly expended by the filing organization for section 527 exempt function activities	<b>-</b>	\$		
2	Enter the amo	nount of the filing organization's funds contributed to other organizations for section 527 on activities	<b>&gt;</b>	\$		
3	Total exempt	t function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	<b>-</b>	\$		
4	Did the filing	organization file Form 1120-POL for this year?		 ☐ Yes	┌ No	,

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	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

section 4911 tax for this year?

┌ Yes ┌ No

chedule	C (For	rm 990 or 990-EZ) 2011 Pa	ge
Part II	-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election	<u> </u>
		under section 501(h)).	
Check		if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, l	ΞIΓ
		expenses, and share of excess lobbying expenditures)	
Check		If the filing organization checked box A and "limited control" provisions apply	

	Check   If the filing organization checked box	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	55,307	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	405,348	
c	Total lobbying expenditures (add lines 1a and 1i	o)	460,655	
d	Other exempt purpose expenditures		28,394,006	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	28,854,661	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		_
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -	0	

# 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.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) Total		
2a	Lobbying non-taxable 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	366,063	558,364	549,812	460,655	1,934,894		
_d	Grassroots non-taxable 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	6,545	8,408		55,307	112,424		

_	edule C (Form 990 or 990-EZ) 2011				Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 
		(	a)	(	b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total 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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), d	or sect	tion
			_	Y	es 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?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
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

Identifier | Return Reference | Explanation

DLN: 93493227035672

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

**Supplemental Financial Statements** 

Open to Public

Interna	l Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.	Inspection
	me of the organ			Employer identification number
CEI	NIEK UN BUDGET A	ND POLICY PRIORITIES		52-1234565
Pa			dvised Funds or Other Similar Fu	
	organi	zation answered "Yes" to Form 99		(1) = 1 · · · · · · · · · · · · · · · · · ·
	<b>-</b>		(a) Donor advised funds	(b) Funds and other accounts
1	Total number a			
2		tributions to (during year)		
3	55 5 5	nts from (during year)		
4		ue at end of year		
5	funds are the o	organization's property, subject to the		☐ Yes ☐ No
6	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar	
Pa	rt III Conse	rvation Easements. Complete	ıf the organization answered "Yes" to	o Form 990, Part IV, line 7.
2	Preservat Protection Preservat Complete lines	conservation easements held by the or tion of land for public use (e g , recreati n of natural habitat tion of open space s 2a–2d if the organization held a quali the last day of the tax year	on or pleasure) $\Gamma$ Preservation of an	historically importantly land area ertified historic structure
		no labe day or the tax year	[	Held at the End of the Year
а	Total number o	of conservation easements		2a
b	Total acreage	restricted by conservation easements		2b
C	Number of con	servation easements on a certified his	toric structure included in (a)	2c
d	Number of con	servation easements included in (c) ac	cquired after 8/17/06	2d
3	Number of con	servation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable ye	ar ►		
4	Number of stat	tes where property subject to conserva	ation easement is located be	
5	Does the organ	· · · · · ·	the periodic monitoring, inspection, hand	— Iling of violations, and ☐ <b>Yes ☐ No</b>
6	Staff and volur	nteer hours devoted to monitoring, inst	pecting and enforcing conservation easem	ents during the year ▶
7			ng, and enforcing conservation easements	
•	<b>▶</b> \$		3,	J ,
8		nservation easement reported on line 2 anservation (h)(4)(B)(II)?	(d) above satisfy the requirements of sec	tion Yes No
9	balance sheet,	, and include, if applicable, the text of t	onservation easements in its revenue and the footnote to the organization's financial	
Par	t IIII Organ	on's accounting for conservation easen lizations Maintaining Collectio ete if the organization answered '	ns of Art, Historical Treasures, o	or Other Similar Assets.
1a	If the organiza art, historical t	tion elected, as permitted under SFAS treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or research ancial statements that describes these it	th in furtherance of public service,
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research ir ;	
	(i) Revenues i	included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets inc	luded in Form 990, Part X		<b>►</b> \$
2	If the organiza	•	orical treasures, or other similar assets fo S 116 relating to these items	· ·
а	_	uded in Form 990, Part VIII, line 1		<b>▶</b> -\$

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>:, His</u>	tori	<u>cal Tre</u>	easu	res, or Ot	<u>ther</u>	Similar Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing th	nat are	e a significa	nt us	e of its collection	ı	
а	Public exhibition		d	$\sqcap$	Loan o	rexch	nange progra	ams			
ь	Scholarly research		e	$\sqcap$	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y further	the o	rganızatıon'	sexe	mpt purpose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t									Yes	┌ No
Par	Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the	organiz	ation			s" to Form 990	),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for c	ontribut	ions o	rother asse	ets no		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ving ta	able		Г		Amou	ınt	
_	Danisar balanca							10	Amou	int	
c d	Additions during the year							1c 1d			
e	Additions during the year						<u> </u>	1e			
_	Distributions during the year						-				
f	Ending balance		<b>.</b>				L	1f			
2a	Did the organization include an amount on Fo	•	e 21?						ı	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV				1 1157		- 000		T1/ 1 10		
Pa	rt V Endowment Funds. Complete	(a)Current Year		)Prior \			orm 990, • Years Back			NEour V	ears Back
1a	Beginning of year balance	20,440,582	(5		,421,097	(c)iw	15,203,245		20,121,571	-)i oui i	Cars back
ъ	Contributions				1				326,854		
c	Investment earnings or losses	-244,781		2	,019,485		3,217,852	2	-5,245,180		
d	Grants or scholarships	·			,		<u> </u>				
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance	20,195,801		20,	,440,582		18,421,097	7	15,203,245		
2	Provide the estimated percentage of the yea	r end balance held	as						•		
а	Board designated or quasi-endowment	95 050 %									
Ь	Permanent endowment ► 4 950 %										
c 3a	Term endowment ►  Are there endowment funds not in the posse	ssion of the organiz	ation	that a	are held	and a	dministered	for tl	he		
	organization by		u c. o			ua				Yes	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations								3a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•						•	3b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa								
	Description of property				ı) Cost or sıs (ınvest		(b)Cost or o basis (othe		(c) Accumulated depreciation	(d) B	ook value
1a	Land		•								
	Buildings		•								
C	Leasehold improvements						378,	934	173,143		205,791
d I	Equipment		•				704,	721	479,179		225,542
	Other										
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colui	mn (B)	), line	10(c).)				►		431,333
									Schedule D (F	orm 9	90) 2011

Pari VIII Investments—Other Securities. See	Form 990, Part X, line 1.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(5)200. Talab	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Porm 990, Part X, line	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
	-	Cost or end-or-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	25.)	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
1 Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	(, line 25.	
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Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	(, line 25.	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,356,998
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,854,661
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,497,663
4	Net unrealized gains (losses) on investments	4	-1,114,038
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	14,745
9	Total adjustments (net) Add lines 4 - 8	9	-1,099,293
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-5,596,956
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	23,257,705
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 14,745		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-1,099,293
3	Subtract line <b>2e</b> from line <b>1</b>	3	24,356,998
4	A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	(
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 )	5	24,356,998
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	turn
1	Total expenses and losses per audited financial statements	1	28,854,661
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	(
3	Subtract line <b>2e</b> from line <b>1</b>	3	28,854,661
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	(
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	28,854,661
	rt XIV Supplemental Information	-	= - /5 5 . /5 6 5

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

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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS WILL BE USED FOR LONG-TERM INSTITUTIONAL SUPPORT
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		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 THERE ARE NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES THAT NEED TO BE RECORDED
PART XI, LINE 8 - OTHER ADJUSTMENTS		GAIN ON DISPOSAL OF EQUIPMENT 14,745
PART XII, LINE 2D - OTHER ADJUSTMENTS		GAIN ON DISPOSAL OF EQUIPMENT 14,745

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DLN: 93493227035672

OMB No 1545-0047

**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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE F** 

(Form 990)

Name of the organization CENTER ON BUDGET AND POLICY PRIORITIES **Employer identification number** 

52-1234565

Part I	General Information on A	activities Outside the United States.	Complete if the organization answered
	"Yes" to Form 990, Part IV, li	ıne 14b.	

1	<b>For grantmakers.</b> 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?	Yes	Γ	No

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

(a) Region	(b) Number of offices in the	(c) Number of employees or	(d) Activities conducted in region (by type) (e.g.,	(e) If activity listed in (d) is a program service, describe	<b>(f)</b> Total expenditures for
		agents in region or independent contractors		specific type of	region/investments in region
SUB-SAHARAN AFRICA	1	3		GRANTS TO RECIPIENTS LOCATED IN THE REGION	1,366,799
CENTRAL AMERICA	0	0		GRANTS TO RECIPIENTS LOCATED IN THE REGION	265,000
EAST ASIA	0	0		GRANTS TO RECIPIENTS LOCATED IN THE REGION	350,378
NORTH AMERICA	1	0		GRANTS TO RECIPIENTS LOCATED IN THE REGION	280,500
SOUTH AMERICA	0	0		GRANTS TO RECIPIENTS LOCATED IN THE REGION	832,825
SOUTH ASIA	0	0		GRANTS TO RECIPIENTS LOCATED IN THE REGION	427,000
EUROPE	0	0		GRANTS TO RECIPIENTS LOCATED IN THE REGION	350,000
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0		GRANTS TO RECIPIENTS LOCATED IN THE REGION	24,969
Sub total	2	2			2 007 471
a Sub-total b Total from continuation sheets to Part I	0	0			3,897,471
c Totals (add lines 3a and 3b) Privacy Act and Paperwork Reduction	2	1	for Forms 600		3,897,471 le F (Form 990) 2011

(a) Name of

organızatıon

1

(b) IRS code

section

and EIN (ıf

(c) Region

(d) Purpose of

grant

(i) Method of

valuation

(book, FMV,

ochedale i	(1 dim 550) 2011
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
	Use Part V if additional space is needed.

(e) A mount of

cash grant

(f) Manner of

cash

disbursement

(g) A mount of

of non-cash

assistance

(h) Description

of non-cash

assistance

		applicable)							appraisal, other)
	See Add'l Data								
2	Enter total num tax-exempt by	the IRS, or fo	ent organizations listory or which the granted	ted above that are e e or counsel has pro	recognized as charit ovided a section 501	: :ies by the foreign c L(c)(3) equivalency	ountry, recognized letter	as . ►	49
3									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. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earry 000) 2011

# 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 (see instructions for Form 926)	Γ	Yes	굣	Νo
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 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
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)	Г	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)	Г	Yes	r	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)	Г	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).	<u>তি</u>	Yes	Г	Νo

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this name to	arauda tha information	(ccc instructions)	was a councid on Dawt T. I.	na 2 and any additional
Complete this part to	provide the information	(see instructions)	required in Part 1, ii	ne 2, and any additional
information				

<u> </u>		
Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING		SCHEDULE F, PART I, LINE 2 EACH INTERNATIONAL
GRANTS OUTSIDE THE U S		RECIPIENT OF GRANT FUNDS IS REQUIRED TO PROVIDE
GRANTS COTSIDE THE CS		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
-		
		Schodula F (Form 990) 2011

Software ID: Software Version:

**EIN:** 52-1234565

Name: CENTER ON BUDGET AND POLICY PRIORITIES

Form 990 Schedule F Part II - Grants or Entities Outside The United States (b) IRS code (ı) Method of (h) Description of (g) A mount of non-(a) Name of (f) Manner of (e) A mount of section valuation (d) Purpose of grant non-cash (c) Region cash organızatıon and EIN(ıf cash grant cash disbursement (book, FMV, assistance assistance applicable) appraisal, other) CENTRAL AMERICA SUPPORT TO 90,000 WIRE BUDGET MONITORING IN LATIN AMERICA SUPPORT TO CENTRAL AMERICA 75,000 WIRE BUDGET MONITORING IN LATIN AMERICA EAST ASIA SUPPORT TO 20,550 WIRE BUDGET MONITORING IN CAMBODIA EAST ASIA PROJECT SUPPORT 55,000 WIRE GRANT EAST ASIA PROJECT SUPPORT 82,000 WIRE GRANT EUROPE PROJECT SUPPORT 300,000 WIRE GRANT 219,000 WIRE NORTH AMERICA GENERAL SUPPORT GRANT NORTH AMERICA 61,500 WIRE PROJECT SUPPORT GRANT SOUTH AMERICA GENERAL SUPPORT 228,500 WIRE GRANT SOUTH AMERICA GENERAL SUPPORT 175,000 WIRE GRANT SOUTH ASIA PILOT SUPPORT TO 40,000 WIRE BUDGET MONITORING IN INDIA SOUTH ASIA PILOT SUPPORT TO 20,000 WIRE BUDGET MONITORING IN INDIA 55,000 WIRE SOUTH ASIA PILOT SUPPORT TO BUDGET MONITORING IN INDIA SOUTH ASIA PILOT PROJECT 25,000 WIRE GRANT PROJECT SUPPORT SOUTH ASIA 100,000 WIRE GRANT SOUTH ASIA PILOT PROJECT 30,000 WIRE SUPPORT GRANT 113,000 WIRE SUB-SAHARAN SUPPORT TO AFRICA BUDGET MONITORING IN TANZANIA SUB-SAHARAN SUPPORT TO 90,000 WIRE AFRICA BUDGET MONITORING IN GHANA SUB-SAHARAN SUB-NATIONAL 70,000 WIRE AFRICA BUDGET TRANSPARENCY IN MALI 200,000 WIRE SUB-SAHARAN GENERAL SUPPORT AFRICA GRANT 75,000 WIRE SUB-SAHARAN PROJECT SUPPORT AFRICA GRANT SUB-SAHARAN AFRICA PROJECT WIRE 90,000 AFRICA SUPPORT GRANT 63,000 WIRE SUB-SAHARAN AFRICA PROJECT SUPPORT GRANT AFRICA SUB-SAHARAN AFRICA PROJECT 80,000 WIRE SUPPORT GRANT AFRICA SUB-SAHARAN GENERAL SUPORT 25,000 WIRE AFRICA GRANT SUB-SAHARAN PROJECT SUPPORT 50,000 WIRE AFRICA GRANT SUB-SAHARAN PROJECT SUPPORT 150,000 WIRE AFRICA GRANT SUB-SAHARAN SUPPORT TO 83,000 WIRE AFRICA BUDGET MONITORING IN UGANDA SUB-SAHARAN **OBI PROJECT** 24,829 WIRE SUPPORT GRANT AFRICA PI PROJECT CENTRAL AMERICA 100,000 WIRE SUPPORT GRANT 45,000 WIRE EAST ASIA PI PROJECT SUPPORT GRANT EAST ASIA OBI PROJECT 20,125 WIRE SUPPORT GRANT 47,703 WIRE EAST ASIA OBI PROJECT SUPPORT GRANT EAST ASIA PI PROJECT 80,000 WIRE SUPPORT GRANT EUROPE OBI PROJECT 50,000 WIRE SUPPORT GRANT RUSSIA & THE OBI PROJECT 24,969 WIRE NEWLY SUPPORT GRANT INDEPENDENT STATES OBI PROJECT 49,325 WIRE SOUTH AMERICA SUPPORT GRANT SOUTH AMERICA **OBI PROJECT** 25,000 WIRE SUPPORT GRANT SOUTH AMERICA PI PROJECT 155,000 WIRE SUPPORT GRANT SOUTH AMERICA PI PROJECT 200,000 WIRE SUPPORT GRANT SOUTH ASIA PI PROJECT 100,000 WIRE SUPPORT GRANT SOUTH ASIA PI PROJECT 57,000 WIRE SUPPORT GRANT SUB-SAHARAN OBI PROJECT 23,939 WIRE AFRICA SUPPORT GRANT SUB-SAHARAN OBI PROJECT 24,216 WIRE AFRICA SUPPORT GRANT SUB-SAHARAN OBI PROJECT 20,875 WIRE SUPPORT GRANT AFRICA SUB-SAHARAN PI PROJECT 120,000 WIRE AFRICA SUPPORT GRANT SUB-SAHARAN OBI PROJECT 13,500 WIRE SUPPORT GRANT AFRICA SUB-SAHARAN PI PROJECT 26,000 WIRE

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AFRICA

SUB-SAHARAN

SUPPORT GRANT

SUPPORT GRANT

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CENTER ON BUDGET AND POLICY PRIORITIES

Schedule I

(Form 990)

DLN: 93493227035672

OMB No 1545-0047

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

**Inspection** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service Name of the organization

Employer identification number

52-1234565

Part I General Informatio	n on Grants and	Assistance					
<ul> <li>Does the organization maintain the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ul>	ard the grants or ass	sistance?					√ Yes
Part II Grants and Other A Form 990, Part IV, line Part IV and Schedule	e 21 for any recipi	ent that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 50							58
3 Enter total number of other orga	nizations listed in the	e line 1 table				<u> </u>	0

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization answe	ered "Yes" to Form 990, Part IV, line 2	2.
	Use Schedule I-1 (Form 990) if additional space is needed.			

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 EACH US 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 ADDITION, CBPP STAFF HAVE REGULAR TELEPHONE CONVERSATIONS WITH RECIPIENTS TO MONITOR PROGRESS

Software ID: **Software Version:** 

**EIN:** 52-1234565

Name: CENTER ON BUDGET AND POLICY PRIORITIES

Form 990,Schedule  (a) Name and address of organization or government	e I, Part II (b) EIN	(c) IRC Code	<b>(d)</b> A mount of	(e) A mount	(f) Method	l	and Organizations in the United S  (h) Purpose of grant or assistance
CENTER FOR CIVIL		ıf applıcable		40010141100	FMV, appraisal, other)	non-cash assistance	
JUSTICE320 SOUTH WASHINGTON 2ND FLOOR SAGINAW, MI 48607	38- 1859780	501(C)(3)	25,000				GENERAL SUPPORT
CONNECTICUT VOICES FOR CHILDREN33 WHITNEY AVENUE NEW HAVEN,CT 06510	06- 1435280	501(C)(3)	20,000				GENERAL SUPPORT
COLORADO CENTER ON LAW AND POLICY789 SHERMAN STREET SUITE 300 DENVER, CO 80203	84- 1264154	501(C)(3)	45,000				SFAI CAPACITY GRANT-ANALYSIS
GEORGIA BUDGET AND POLICY INSTITUTE100 EDGEWOOD AVENUE SUITE 1040 ATLANTA, GA	55- 0860376	501(C)(3)	52,425				STATE POLICY FELLOW
GEORGIA BUDGET AND POLICY INSTITUTE100 EDGEWOOD AVENUE SUITE 1040 ATLANTA, GA 30303	55- 0860376	501(C)(3)	12,000				SFAI CAPACITY GRANT- DEVELOPMENT/COMMUNICATIONS
FLORIDA CENTER FOR FISCAL AND ECONOMIC POLICY545 EAST TENNESSEE ST STE 100A TALLAHASSEE,FL 32308	51- 0549880	501(C)(3)	30,000				PROJECT SUPPORT- STATE FISCAL ANALYSIS
CALIFORNIA BUDGET PROJECT 1107 9TH STREET SUITE 310 SACRAMENTO,CA 95814	68- 0376784	501(C)(3)	89,000				SFAI CAPACITY GRANT
GEORGIA BUDGET AND POLICY INSTITUTE100 EDGEWOOD AVENUE SUITE 1040 ATLANTA, GA 30303	55- 0860376	501(C)(3)	31,700				STATE POLICY FELLOW
CENTER FOR PUBLIC POLICY PRIORITIES900 LYDIA STREET AUSTIN,TX 78702	74- 2898197	501(C)(3)	91,786				STATE POLICY FELLOW
GEORGIA BUDGET AND POLICY INSTITUTE100 EDGEWOOD AVENUE SUITE 1040 ATLANTA,GA	55- 0860376	501(C)(3)	76,800				SFAI CAPACITY GRANT- DEVELOPMENT/COMMUNICATIONS
30303  CENTER FOR PUBLIC POLICY PRIORITIES900 LYDIA STREET AUSTIN,TX 78702	74- 2898197	501(C)(3)	53,000				SFAI CAPACITY GRANT- COMMUNICATIONS
CHILDRENS ACTION ALLIANCE 4001 NORTH THIRD STREET SUITE 160 PHOENIX,AZ 85012	86- 0594785	501(C)(3)	50,000				SFAI RENEWAL
MARYLAND ASSOCIATIONS OF NONPROFITS 190 WEST OSTEND STREET SUITE 201 BALTIMORE, MD 21230	52- 1749231	501(C)(3)	20,000				PROJECT SUPPORT- STATE FISCAL ANALYSIS
COLORADO CENTER ON LAW AND POLICY789 SHERMAN STREET SUITE 300 DENVER, CO 80203	84- 1264154	501(C)(3)	75,000				GENERAL SUPPORT
FISCAL POLICY INSTITUTEONE LEAR JET LANE LATHAM, NY 12110	14- 1737256	501(C)(3)	85,000				SFAI CAPACITY GRANT
MARYLAND ASSOCIATION OF NONPROFIT ORGANIZATIONS 190 WEST OSTEND STREET SUITE 201 BALTIMORE, MD 21230	04- 3346273	501(C)(3)	50,000				SFAI RENEWAL
OREGON CENTER FOR PUBLIC POLICY204 N FIRST STREET SUITE C PO BOX 7 7 SILVERTON, OR 973810007	93- 1186075	501(C)(3)	36,500				SFAI CAPACITY GRANT- DEVELOPMENT
OREGON CENTER FOR PUBLIC POLICY204 N FIRST STREET SUITE C PO BOX 7 7 SILVERTON, OR	93- 1186075	501(C)(3)	100,000				SFAI RENEWAL
973810007  OREGON CENTER FOR PUBLIC POLICY204 N FIRST STREET SUITE C PO BOX 7 7 SILVERTON,OR	93- 1186075	501(C)(3)	75,000				GENERAL SUPPORT
973810007 KEYSTONE RESEARCH CENTER412 NORTH THIRD STREET HARRISBURG, PA 17101	25- 1776998	501(C)(3)	51,000				SFAI CAPACITY GRANT-OUTREACH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United St							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA ASSOCIATION OF NONPROFIT ORGANIZATIONSP O BOX 66558 BATON ROUGE, LA 70896	72- 1444119	501(C)(3)	27,000				SFAI CAPACITY GRANT-OUTREACH
LOUISIANA ASSOCIATION OF NONPROFIT ORGANIZATIONS 8281 GOODWOOD BLVD PO BOX 66558 BATON ROUGE, LA 70806	72- 1444119	501(C)(3)	62,000				PROJECT SUPPORT- STATE FISCAL ANALYSIS
NEW MEXICO VOICES FOR CHILDREN2340 ALAMO SE STE 120 ALBUQUERQUE,NM 87106	85- 0348301	501(C)(3)	62,000				SFAI CAPACITY GRANT-OUTREACH
OKLAHOMA POLICY INSTITUTE2340 ALAMO SE STE 120 ALBUQUERQUE,NM 87106	33- 1178624	501(C)(3)	30,000				GENERAL SUPPORT
NORTH CAROLINA JUSTICE CENTER224 S DAWSON STREET RALEIGH, NC 27611	56- 1348186	501(C)(3)	86,000				GENERAL SUPPORT/SFAI CAPACITY GRANT
NORTH CAROLINA JUSTICE CENTER224 S DAWSON STREET RALEIGH,NC 27611	56- 1348186	501(C)(3)	47,000				STATE POLICY FELLOW
HOPE ENTERPRISE CORPORATION CO MISSISSIPPI ECONOMIC POLICY CENTER4 OLD RIVER PLACE JACKSON, MS 39202	64- 0851798	501(C)(3)	35,000				STATE POLICY FELLOW
JEWS UNITED FOR JUSTICE2027 MASSACHUSETTS AVE 3RD FLOOR WASHINGTON, DC 20036	52- 2346578	501(C)(3)	91,971				DEFEAT POVERTY DC CAMPAIGN
MASSACHUSSETTS LAW REFORM INSTITUTE99 CHAUNCEY ST STE 500 BOSTON, MA 02111	04- 6004303	501(C)(3)	25,000				GENERAL SUPPORT
POVERTY INSTITUTE AT RHODE ISLAND COLLEGE600 MT PLEASANT AVENUE PROVIDENCE, RI 02908	32- 0295517	501(C)(3)	40,000				SFAI CAPACITY BUILDING
NEBRASKA APPLESEED CENTER FOR LAWIN THE PUBLIC INTEREST941 O STREET LINCOLN,NE 68508	47- 0798343	501(C)(3)	10,000				GENERAL SUPPORT
PUBLIC CITIZENS FOR CHILDREN AND YOUTH7 BENJAMIN FRANKLIN PKWY 6TH FLR PHILADELPHIA,PA 19103	23- 2137461	501(C)(3)	10,000				GENERAL SUPPORT
MISSOURI BUDGET PROJECT3534 WASHINGTON AVENUE ST LOUIS,MO 63103	26- 0062334	501(C)(3)	44,000				GENERAL SUPPORT/SFAI CAPACITY GRANT- COMMUNICATIONS
MINNESOTA COUNCIL OF NON PROFITS2314 UNIVERSITY AVE WEST SUITE 20 ST PAUL, MN 55114	36- 3501477	501(C)(3)	80,000				GENERAL SUPPORT
NEW HAMPSHIRE FISCAL POLICY INSTITUTE11 DEPOT STREET 2ND FLOOR CONCORD,NH 03301	27- 0841484	501(C)(3)	61,000				GENERAL SUPPORT/SFAI CAPACITY GRANT
MISSISSIPI ECONOMIC POLICY CENTER4 OLD RIVER PLACE SUITE A JACKSON,MS 39202	64- 0851798	501(C)(3)	75,000				SFAI RENEWAL
MAINE CENTER FOR ECONOMIC POLICY 66 WINTHROP STREET PO BOX 437 AUGUSTA, ME 04330	22- 3317572	501(C)(3)	20,000				GENERAL SUPPORT
MAINE CENTER FOR ECONOMIC POLICY 66 WINTHROP STREET PO BOX 437 AUGUSTA,ME 04330	22- 3317572	501(C)(3)	75,000				SFAI CAPACITY GRANT- COMMUNICATIONS
MAINE CENTER FOR ECONOMIC POLICY 66 WINTHROP STREET PO BOX 437 AUGUSTA,ME 04330	22- 3317572	501(C)(3)	75,000				SFAI RENEWAL
PUBLIC ASSETS INSTITUTEPO BOX 942 MONTPELIER,VT 05601	16- 1703662	501(C)(3)	60,000				SFAI CAPACITY GRANT-ANALYSIS

Form 990,Schedule I,	Part II, Gr	ants and Ot	her Assist	ance to Gov	ernments a	nd Organiza	tions in the United S
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAINE EQUAL JUSTICE PARTNERS 126 SEWALL STREET AUGUSTA, ME 04330	04- 3346273	501(C)(3)	30,000				GENERAL SUPPORT
MASSACHUSSETTS BUDGET AND POLICY CENTER15 COURT SQUARE SUITE 700 BOSTON, MA 02108	04- 2967537	501(C)(3)	40,000				GENERAL SUPPORT
MASSACHUSSETTS BUDGET AND POLICY CENTER15 COURT SQUARE SUITE 700 BOSTON,MA 02108	04- 2967537	501(C)(3)	57,000				SFAI CAPACITY GRANT- COMMUNICATIONS
MICHIGAN LEAGUE FOR HUMAN SERVICES1115 SOUTH PENNSYLVANIA AVE SUITE 202 LANSING,MI 48912	38- 1360557	501(C)(3)	25,000				GENERAL SUPPORT
MICHIGAN LEAGUE FOR HUMAN SERVICES1115 SOUTH PENNSYLVANIA AVE SUITE 202 LANSING,MI 48912	38- 1360557	501(C)(3)	63,300				STATE POLICY FELLOW
WASHINGTON STATE BUDGET AND POLICY CENTER1402 THIRD AVENUE STE 1215 SEATTLE, WA 98101	72- 1612982	501(C)(3)	40,000				SFAI CAPACITY GRANT-OUTREACH
NEW JERSEY POLICY PERSPECTIVE137 HANOVER STREET TRENTON,NJ 08618	22- 3492715	501(C)(3)	75,000				GENERAL SUPPORT
NEW JERSEY POLICY PERSPECTIVE137 HANOVER STREET TRENTON, NJ 08618	22- 3492715	501(C)(3)	56,000				SFAI CAPACITY BUILDING
POLICY MATTERS OHIO3631 PERKINS AVE SUITE 4C -EAST CLEVELAND, OH 44114	34- 1921881	501(C)(3)	65,000				SFAI CAPACITY GRANT- COMMUNICATIONS
THE COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS 1716 EAST FRANKLIN ST RICHMOND, VA	27- 1598303	501(C)(3)	51,000				GENERAL SUPPORT/SFAI CAPACITY GRANT
23223 THE COMMONWEALTH INSTITUTE FOR FISCAL ANALYSIS 1716 EAST FRANKLIN ST RICHMOND, VA 23223	27- 1598303	501(C)(3)	91,000				STATE POLICY FELLOW
IOWA POLICY PROJECT20 E MARKET STREET IOWA CITY,IA 52245	42- 1512708	501(C)(3)	52,000				SFAI CAPACITY BUILDING
VOICES FOR ILLINOIS CHILDREN 208 S LASALLE ST STE 1490 CHICAGO,IL 60604	34- 1941907	501(C)(3)	50,000				SFAI RENEWAL
VOICES FOR ILLINOIS CHILDREN 208 S LASALLE ST STE 1490 CHICAGO,IL 60604	36- 3480909	501(C)(3)	5,670				WEBSITE RE- DESIGN
VOICES FOR ILLINOIS CHILDREN 208 S LASALLE ST STE 1490 CHICAGO,IL 60604	36- 3480909	501(C)(3)	62,000				SFAI CAPACITY GRANT-ANALYSIS
WASHINGTON STATE BUDGET AND POLICY CENTER1402 THIRD AVENUE STE 1215 SEATTLE, WA 98101	72- 1612982	501(C)(3)	50,350				SFAI CAPACITY GRANT-OUTREACH
WEST VIRGINIA CENTER ON BUDGET AND POLICY723 KANAWHA BLVD E STE 300 CHARLESTON, WV 253012727	56- 2653132	501(C)(3)	15,000				GENERAL SUPPORT
WISCONSIN COUNCIL ON CHILDREN AND FAMILIES555 WEST WASHINGTON AVE STE 200 MADISON,WI 53703	39- 0806301	501(C)(3)	50,000				GENERAL SUPPORT

**Compensation Information** 

DLN: 93493227035672

OMB No 1545-0047

Open to Public Inspection

## **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization CENTER ON BUDGET AND POLICY PRIORITIES **Employer identification number** 

52-1234565

Pa	rt I Questions Regarding Compensation		•			
					Yes	Νo
1a	Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t					
	First-class or charter travel	$\Gamma$	Housing allowance or residence for personal use			
	Travel for companions	$\sqcap$	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organism reimbursement orprovision of all the expenses describ			1b		
2	Did the organization require substantiation prior to rei officers, directors, trustees, and the CEO/Executive D			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha Compensation committee Independent compensation consultant Form 990 of other organizations					
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	al non	qualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, III compensation contingent on the net earnings of	ne 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de			7		No
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in F in Part III			8		No
		-a h + + .	phla procumption procedure described in Descriptions	<b>⊢•</b>		No
9	If "Yes" to line 8, did the organization also follow the is section 53 4958-6(c)?	eputti	able presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) ROBERT GREENSTEIN	(I) (II)	192,998 0	5,000 0	0 0	13,240 0	7,470 0	218,708 0	0 0	
(2) DEBRA SCHWARTZ	(I) (II)	146,240 0	350 0	0 0	8,978 0	11,921 0	167,489 0	0	
(3) SCOTT BUNTON	(I) (II)	190,374 0	350 0	0	9,222	1,662 0	201,608 0	0	
(4) WARREN KRAFCHIK	(I) (II)	175,111 0	350 0	0 0	11,598 0	7,259 0	194,318 0	0	
(5) SUSAN STEINMETZ	(I) (II)	177,103 0	350 0	0 0	12,237 0	1,578 0	191,268 0	0	
(6) ELLEN NISSENBAUM	(I) (II)	177,181 0	350 0	0 0	12,358 0	17,542 0	207,431 0	0	
(7) NICHOLAS JOHNSON	(I) (II)	164,431 0	350 0	0 0	10,985 0	15,632 0	191,398 0	0	
(8) LADONNA PAVETTI	(I) (II)	162,015 0	10,350 0	0 0	8,469 0	14,162 0	194,996 0	0	
(9) CHARLES MARR	(I) (II)	173,559 0	10,350 0	0 0	8,671 0	17,572 0	210,152 0	0 0	
(10) JUDITH SOLOMON	(I) (II)	162,007 0	350 0	0	7,800 0	14,633 0	184,790 0	0 0	

Schedule J (Form 990) 2011 Page **3** 

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493227035672

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization CENTER ON BUDGET AND POLICY PRIORITIES

**Employer identification number** 

52-1234565

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of d contribution	etermı	_	
1	Art—Works of art							
	Art—Historical treasures .							
3	Art—Fractional interests .	•						
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	,	X	1	101,679	FMV ON DATE OF	DONA	TION	
	Securities—Closely held stock	•						
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous .							
	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
<b>15</b>	Real estate—Residential .							
16	Real estate—Commercial							
	Real estate—O ther							
18	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts	•						
	O ther ► () O ther ► ()							
	` <del></del> '							
	Other ► ( )							
29	Number of Forms 8283 receive	ed by the ora	anization during the tax ve	ar for contributions				
	for which the organization com				29			
							Yes	No
30a	During the year, did the organi							
	must hold for at least three yea				d to be used			
	for exempt purposes for the en	tire holding p	period?			30a		No
b	If "Yes," describe the arranger	ment in Part	II					
31	Does the organization have a g	ııft acceptan	ce policy that requires the i	review of any non-standard	contributions?	31		No
32a	Does the organization hire or u	se third part	les or related organizations	to solicit, process, or sell	non-cash	32a		Νo
b	If "Yes," describe in Part II							
33	If the organization did not repo describe in Part II	rt revenues	ın column (c) for a type of p	roperty for which column (a	) is checked,			

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation				
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS		STOCK SHARES WERE CONTRIBUTED BY PRICE CHARITIES IN 2011				

Schedule M (Form 990) 2011

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DLN: 93493227035672

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public

Inspection

Name of the organization
CENTER ON BUDGET AND POLICY PRIORITIES

Employer identification number
52-1234565

ldentifier	Return Reference	Explanation					
FORM 990, PART VI, SECTION B, LINE 11  FORM 990, PART VI, SECTION B, LINE 12C  FORM 990, PART VI, SECTION B, LINE 15		A DRAFT OF THE FORM 990 IS SUBMITTED TO THE GOVERNING BODY BEFORE THE ORGANIZATION'S PRESIDENT SIGNS IT AND SUBMITS IT TO THE IRS					
		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					
		EXECUTIVE COMMITTEE OF THE BOARD REVIEWS AND APPROVES COMPENSATION OF THE PRESIDENT AND KEY EMPLOYEES BASED ON MARKET COMPARISONS THE COMMITTEE'S DECISIONS ARE DOCUMENTED A REVIEW OF COMPENSATION WAS CONDUCTED IN 2010					
	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					
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,114,038 GAIN ON DISPOSAL OF EQUIPMENT 14,745 TOTAL TO FORM 990, PART XI, LINE 5 -1,099,293					
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS OR PROCESS OF SELECTION OF AN INDEPENDENT ACCOUNTANT DURING THE TAX YEAR					

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DLN: 93493227035672

OMB No 1545-0172

Form **4562** 

# **Depreciation and Amortization** (Including Information on Listed Property)

Department of the Treasury nternal Revenue Service (99)	instructions. 🏲 Attach to your tax return.						Attachment Sequence No <b>179</b>				
Name(s) shown on return CENTER ON BUDGET AND POLICY PRIORITIES			Business or activity to which this form relates					I	Identifying number		
FORM 990 PAGE 10					52-1234565						
	To Expense (										
Note: If y	ou have any li	sted propert	ty, complet	te Part V befo	re you	ı con	nplete Part I.		_		
1 Maximum amount (see	e instructions)					•		1	500,000		
2 Total cost of section 1	179 property pla	ced in service	(see instruc	ctions) .		•		2			
<b>3</b> Threshold cost of sect	tion 179 propert	y before reduc	tion in limita	ition (see instr	uctions	) .		3	2,000,000		
4 Reduction in limitation	n Subtract line 3	from line 2 It	fzero or less	, enter - 0 -				4			
5 Dollar limitation for ta	x year Subtract	line 4 from lin	e 1 Ifzero d	r less, enter - (	)- Ifm	arried	filing				
separately, see instru	ctions							5			
									•		
6 (a)	Description of pi	roperty		<b>(b)</b> Cost (bu		use	(c) Elected	cost			
- (1)				onl	у)		(0) 2.0000		-		
				1					4		
7 Listed property Enter	the amount from	June 20		1					4		
7 Listed property Enter					•	7		Τ_	-		
8 Total elected cost of s		•		mn (c), lines 6	and /	•		8			
<b>9</b> Tentative deduction E					•			. 9			
10 Carryover of disallowe						•		10			
<b>11</b> Business income limitation	Enter the smaller of	business income	(not less than	zero) or line 5 (se	e instruc	tions)		11			
<b>12</b> Section 179 expense	deduction Add I	ines 9 and 10	, but do not e	enter more than	n line 1	1 •		12			
13 Carryover of disallowe	ed deduction to 2	012 Add lines	9 and 10, l	ess line 12	.▶	13					
<b>Note:</b> Do not use Part											
									y ) (See instructions )		
14 Special depreciation a		lified property	(other than	listed property	) placed	l in se	ervice during the				
tax year (see instructi								14			
15 Property subject to se	. , , ,	election .				•		15			
16 O ther depreciation (in							\	16	59,558		
Part IIII MACRS De	epreciation (	<b>Do not</b> inclu		roperty.) (Se ction A	e instr	uctio	ns.)				
17 MACRS deductions fo	rassets nlaced i	n service in ta			011			17			
18 If you are electing	•			_		r into	one or more				
general asset accor											
Section B—Ass								recia	ation System		
Section D Ass		(c) Bas		I TUX TCUT		tiic	deneral bej	1	ation System		
(a) Classification of	(b) Month and	, , ,		(d) Pasayany					(g)Depreciation		
property		(business/ir		(d) Recovery period	(e) Convention		:ion <b>(f)</b> Meth	od	deduction		
,	service	use only—see ins									
<b>19a</b> 3-year property		only see ms	scruccions)								
<b>b</b> 5-year property											
<b>c</b> 7-year property											
<b>d</b> 10-year property											
<b>e</b> 15-year property											
<b>f</b> 20-year property											
<b>g</b> 25-year property				25 yrs			S/L				
<b>h</b> Residential rental				27 5 yrs	<b>t</b>	I M	S/L				
property	27 5 yrs MM S/L										
i Nonresidential real property				39 yrs	MM S/L						
	_  on C—Assets Pla	cod in Sonvice	During 2011	Tay Voar Using				n Syct	om.		
20a Class life	C-Assets Fia	l Service	During 2011	Tax Teal Osing	THE A	terna	S/L	JII SYSL	em		
<b>b</b> 12-year	1			12 yrs			5/L				
c 40-year	1			40 yrs	N	1M	S/L				
· · · · · · · · · · · · · · · · · · ·	<b>ry</b> (see instruc	tions)		· · · · · · · · · · · · · · · · · · ·							
<b>21</b> Listed property Enter	amount from line	28						21			
22 Total. Add amounts from											
and on the appropriate	•		•	•		uction	s	22	59,558		
23 For assets shown above						23					
portion of the basis at	cilbarable to sec	LIUII ZOJA COS				2.5					

Form 4562 (2011) Page 2 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? (c) (i) (e) (b) Business/ (d) (f) (g) (h) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recover Method/ Depreciation/ (business/investment section 179 vehicles first) deduction service basis period Convention use use only) cost percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 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/I -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 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 (b) (c) (f) (a) (d) (e) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 1 Vehicle 4 Vehicle 5 Vehicle 6 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 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No 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—Ouestions 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 (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 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? (See instructions ) 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** (b) (e) (c) (d) (f) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year begins percentage 42 A mortization of costs that begins during your 2011 tax year (see instructions) 43 Amortization of costs that began before your 2011 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44