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DLN: 93493229045175

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 private foundations)

 \blacktriangleright Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	or the	2014 ca	lendar year, or tax year beginning 01-01-2014 , and ending 1	2-31-201	4			
		applicable	C Name of organization			D Emplo	yer iden	tification number
┌ Ad	dress cl	hange	center on badget and Folicy Fnonties			52-12	34565	
∏ Na	me cha	ange	Doing business as					
┌ Ini	tıal retu	ım				E Telepho	ne numb	er
Fir		minated	Number and street (or P O box if mail is not delivered to street address 820 First Street NE No 510) Room/su	ııte	(202)	408-1	080
	nended		City or town, state or province, country, and ZIP or foreign postal code				100 1	
_		n pending	Washington, DC 20002			G Gross r	eceıpts \$	60,063,064
			F Name and address of principal officer		H(a) Is	this a group	return	for
			Robert Greenstein			bordinates?	recuiii	Γ Yes Γ No
			820 First Street NE No 510 Washington, DC 20002		 H(b) ^ =	e all subordı	natac	Γ Y es Γ No
					1	cluded?	ilates	1 1651 110
I Ta	ıx-exen	npt status	5 √ 501(c)(3) 501(c)() (insert no) 4947(a)(1) or	527	If	"No," attach	a list (see instructions)
J W	ebsite	e:► wv	ww.cbpp.org		H(c) G	roup exempt	ion num	nber ►
K For	m of or	rganızatıo	n 🔽 Corporation 🗆 Trust 🗀 Association 🗀 Other 🕨		L Year o	f formation 19	81 M :	State of legal domicile DC
Pa	rt I	Sun	nmary					
			describe the organization's mission or most significant activitie		61 1 1			
ω.		Conduc	ting research and analysis to help promote greater public unde	rstanding	g of budget	policies		
ě								
Governance	,	Chack	this box 🛏 if the organization discontinued its operations or d	uchocod	of more tha	n 2 E 0/2 of 1+c	not acc	ata
ş	-	Check	tins box 💆 II the organization discontinued its operations of d	isposed	oi more ma	11 25% 01 115	net ass	sets
	3	Numbei	r of voting members of the governing body (Part VI, line 1a) $$.				3	16
Activities &	4	Numbe	r of independent voting members of the governing body (Part V $f I$, line 1b)		4	16
Ĕ			umber of individuals employed in calendar year 2014 (Part V, l				5 6	209
å 4		6 Total number of volunteers (estimate if necessary)						0
			related business revenue from Part VIII, column (C), line 12 related business taxable income from Form 990-T, line 34 .				7a 7b	0
	۳	ivec um	elated business taxable income noin form 550 1, line 54 .	• • •		rior Year	 	Current Year
	8	Cont	ributions and grants (Part VIII, line 1h)		<u> </u>	36,116,	123	48,131,601
Ę	9		ram service revenue (Part VIII, line 2g)				119	965,294
Rayenue	10	Inves	stment income (Part VIII, column (A), lines 3, 4, and 7d) .		757,218		656,634	
ш	11		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	-			0	0
	12		revenue—add lines 8 through 11 (must equal Part VIII, colum		e	37,586,7	760	49,753,529
	13		ts and similar amounts paid (Part IX, column (A), lines 1–3)			3,888,0	96	4,576,856
	14	Bene	fits paid to or for members (Part IX, column (A), line 4)	ıd to or for members (Part IX, column (A), lıne 4)			0	0
ch.	15			er compensation, employee benefits (Part IX, column (A), lines		16,040,815		16,938,647
Expenses	16a	5-10 Profe	ssional fundraising fees (Part IX, column (A), line 11e)...	column (A), line 11e)				0
Φ ⊕	Ь		fundraising expenses (Part IX, column (D), line 25) ▶992,801					
Ð	17		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .			7,455,0	122	0.422.500
	18		expenses Add lines 13–17 (must equal Part IX, column (A), I		' 	27,383,9		9,432,509
	19		nue less expenses Subtract line 18 from line 12			10,202,8	_	18,805,517
<u>জ</u>					_	ning of Curre	nt	End of Year
Not Assets or Fund Balances		T	Consider (Port V. Ive 4.6)			Year	-1.6	
Ass	20 21		liabilities (Part X, line 26)			67,711,5 2,356,6	_	86,958,909 2,434,217
훒	22		assets or fund balances Subtract line 21 from line 20		· 	65,354,8		84,524,692
Pa	rt II	_	nature Block			, ,		, ,
Unde	er pena	alties of	f perjury, I declare that I have examined this return, including a					
			l belief, it is true, correct, and complete Declaration of prepare knowledge	r (other t	han officer)	ıs based on	all infor	mation of which
		, ·	-			ı		
			*** nature of officer			2015-08-14 Date		
Sig:		[Duce		
	-		pert Greenstein President e or print name and title					
			Print/Type preparer's name Preparer's signature Nicole M Prince CPA Nicole M Prince CPA			Check If	PTIN	DAE
Pai	d		Firm's name Rogers & Company PLLC			self-employed Firm's EIN 🟲 58	P013152 3-267626	
	pare	er						
Use	On	lv	Firm's address ► 8300 Boone Boulevard Suite 600		[]	Phone no (703	93-03 א נ	UU

Vienna, VA 22182

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

✓ Yes ☐ No

Forn	n 990 (2014)					Page 2						
Par		nt of Program Serv			II	٧						
1	Briefly describe t	he organization's mission										
					lyzing impacts of government pi tate, and international levels	rograms and policies						
2		on undertake any signific 0 or 990-EZ?			which were not listed on	┌ Yes ┌ No						
	If "Yes," describe	If "Yes," describe these new services on Schedule O										
3	_	on cease conducting, or r	-	_	nducts, any program	┌ Yes ┌ No						
	If "Yes," describe these changes on Schedule O											
4	expenses Section) organization	s are required to report	ee largest program services, as the amount of grants and alloca							
4a	(Code) (Expenses \$	8,578,807	ıncludıng grants of \$	1,262,306) (Revenue \$	20,826)						
	International Project	Helps develop the capacity o	f non-governmen	ital organizations around the	world that work on budget and tax issu	ues affecting the poor						
4b	(Code) (Expenses \$	7,855,707	ıncludıng grants of \$	3,198,875) (Revenue \$	71,445)						
		ted projects Performs research ouseholds and fosters developn			oth an emphasis on the effects of such	policies on low and						
	(Code) (Expenses \$	5,114,127	ıncludıng grants of \$	50,000) (Revenue \$	854,523)						
	Low-income program and related projects Performs research, analysis and development of strategies to improve policy and state implementation of low-income programs. The Center also conducts policy analysis and promotes outreach strategies related to the earned income tax credit and the low-income component of the child tax credit.											
	See Additional D)ata										

65,675) (Revenue \$

Other program services (Describe in Schedule O)

Total program service expenses ►

6,792,686 including grants of \$

28,341,327

4d

(Expenses \$

18,500)

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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^{\bullet}	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? <i>If "Yes," complete Schedule C, Part III</i>	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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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? If "Yes," complete Schedule D, Part $\sqrt{2}$	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, line 10? If "Yes," complete Schedule D, Part VI.*	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
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	Yes	
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 and XII	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 and XII 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, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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? If "Yes," complete Schedule G, Part I (see instructions)	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? If "Yes," complete Schedule G, Part II	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 hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	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 direct or indirect 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 M	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? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 81	1		
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	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		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			NI -
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7 c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
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 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
0-	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	35		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2014) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax 1a 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was Nο Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 Nο 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? 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 $\,\cdot\,\,\,$. $\,\,\,\cdot\,\,\,$ Nο 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 purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	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 taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 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 , WV , WI
- 18 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 Other (explain in Schedule O)
- 19 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 during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►The Organization

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♣ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Tıtle	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Lb	Sub-Total				
C	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	►	1,824,154	0	234,249
	·		·		

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►53

			Yes	No	_
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		V		
	marvial	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 J 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

(A)	(B)	(C)	
Name and business address	Description of services	Compensation	
Lawrence J Haas 12 Falls Chapel Court Potomac, MD 20854	Media Consulting	260,000	
Juan Pablo Guerrero 4716 Chestnut Street Bethesda, MD 20814	Project Mgt Consulting	167,307	
Kone Consulting LLC 23632 Highway 99 Suite F - No 225 Edmonds, WA 98026	Project Mgt Consulting	119,936	

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 ►3

Grants mounts	1a b c
ns, Giffs, Similar A	d e
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f g
Program Service Revenue	2a b c d e f
Program	f g
	3 4
	4 5 6a b
	c d
	7a
	b
e	d 8a
Revenu	
Other	b c 9a
	b
	10a
	b c
	11a b
	c d e

Form 99		*						Page 9
Part \	/++1	Statement o Check if Schedu	o f Revenue ule O contains a respon:	se or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
के हैं	1a	Federated camp	<u> </u>	11,803				
Gifts, Grants ilar Amounts	Ь	Membership du	es 1b					
Am Am	С	Fundraising eve	ents 1c					
3∰. Iar	d	Related organiz	rations 1d					
im:	е	Government grants	s (contributions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	sımılar amounts no		48,119,798				
ontrib nd Ot	g h	Noncash contribute 1a-1f \$ Total. Add lines	ons included in lines	38,728	48,131,601			
<u>ه</u>	 "	Total: Add mics	, , , , , , , , , , , , , , , , , , ,	Business Code	,			
a E	2a	Contract income	-	Business Code 900099	881,683	881,683		
eve	Ь	Conference & hono	oraria -	900099	77,674	77,674		
ў. Щ	С	Subscriptions & pul		900099	5,937	5,937		
¥.	d	· · · · · · · · · · · · · · · · · · ·			,	-,		
ૐ E	e		_					
Program Serwoe Revenue	f	All other progra	am service revenue					
	g		s 2a – 2f		965,294			
	3		ome (including dividend ar amounts)		685,334			685,334
	4		stment of tax-exempt bond p					
	5	Royalties		🟲				
		C	(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
		expenses Rental income						
	C	or (loss)						
	d	Net rental incor	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) Other				
		from sales of assets other than inventory	10,280,835					
	Ь	Less cost or other basis and	10,309,535					
	c	sales expenses Gain or (loss)	-28,700					
	d		[-28,700			-28,700
÷		Gross Income fi	rom fundraising		·			
Other Revenue		\$of contributions See Part IV , lin						
<u> </u>	ь	Loca durant	penses b					
₹	c		(loss) from fundraising e	vents 📭				
	9a		rom gaming activities	<u>, </u>				
	.		a 					
	b c		penses b (loss) from gaming activ	ities				
		Gross sales of returns and allo	inventory, less	· · · · · · · · · · · · · · · · · · ·				
			a					
	b	-	oods sold b					
	C	Net income or ((loss) from sales of inve	ntory p Business Code				
	11a	miscellaneous	s veseure	busiliess Code				
	b							
	C							
	d	All other revenu	ue					
	e		s 11a-11d	🕨				
	12		See Instructions	. -				
		. oca i cvellue.		• • • •	49,753,529	965,294		0 656,634

					- 1 age 10
	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	one must comp	loto column (A.)	
Jectic	Check if Schedule O contains a response or note to any line in this			iete column (A)	<u></u>
Do no	et include amounts reported on lines 6b,		(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,314,600	3,314,600		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,262,256	1,262,256		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,037,853	925,074	63,034	49,745
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	13,013,995	11,596,046	793,739	624,210
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	705,830	630,816	41,379	33,635
9	Other employee benefits	1,215,430	1,086,256	71,255	57,919
10	Payroll taxes	965,539	865,156	51,821	48,562
11	Fees for services (non-employees)				
а	Management				
b	Legal	163,727	137,137	26,590	
c	Accounting	168,394	34,764	127,035	6,595
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	16,418		16,418	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,495,068	3,350,772	137,505	6,791
12	Advertising and promotion				
13	Office expenses	564,821	489,713	47,534	27,574
14	Information technology	663,735	616,306	31,513	15,916
15	Royalties				
16	Occupancy	1,982,587	1,787,079	· ·	99,621
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,038,539	1,030,455	2,745	5,339
19	Conferences, conventions, and meetings	937,852	914,092	22,498	1,262
20	Interest	,	,	,	,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	154,096	138,646	7,563	7,887
23	Insurance	52,303	28,055	24,248	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Dues/subscriptions	141,165	132,578	6,135	2,452
ь	Taxes/licenses	53,804	1,526	46,985	5,293
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	30,948,012	28,341,327	1,613,884	992,801
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

1 Cash-non-interest-beams	Pai	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
2 Savings and temporary cash investments				(A)		(B)
3 Pleages and grants receivable, net 18,894,157 3 25,317,070		1	Cash-non-interest-bearing	1,160	1	1,160
4		2	Savings and temporary cash investments	21,305,374	2	30,981,761
4		3	Pledges and grants receivable, net	18,984,157	3	25,317,070
### Page 25		4		141,818	4	323,066
1	Assets	5	employees, and highest compensated employees Complete Part II of		5	
9 Prepaid expenses and deferred charges 311,256 9 316,706		6	4958(f)(1)), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary		_	
9 Prepaid expenses and deferred charges 311,256 9 316,706						_
9 Prepaid expenses and deferred charges 311,256 9 316,706						
10a	_	_				
Part VI of Schedule D 100 1,698,202 100 585,595 100 585,595 100 585,595 111 1 1 1 1 1 1 1 1		9		311,256	9	316,706
11 Investments—publicly traded securities 28,331,128 11 29,419,228		10a	Part VI of Schedule D 1,698,202			
12 Investments—other securities See Part IV, line 11 12 13 11 14 14 15 15 14 15 15		Ь	Less accumulated depreciation	· · · · · · · · · · · · · · · · · · ·	10 c	585,195
13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 14 16 16 16 16 16 16 16		11	Investments—publicly traded securities	26,331,128	11	29,419,228
14		12	Investments—other securities See Part IV, line 11		12	_
15		13	Investments—program-related See Part IV, line 11		13	
16 Total assets. Add lines 1 through 15 (must equal line 34) 67,711,516 16 86,958,090 17		14	Intangible assets		14	
17		15	Other assets See Part IV, line 11	0	15	14,723
18 Grants payable 18 18 18 18 19 Deferred revenue 18 18 18 18 18 18 18 1		16	Total assets. Add lines 1 through 15 (must equal line 34)	67,711,516	16	86,958,909
19 Deferred revenue		17	Accounts payable and accrued expenses	1,706,257	17	1,969,334
20 Tax-exempt bond liabilities		18	Grants payable		18	
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue	184,058	19	8,400
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities		20	
Unsecured notes and loans payable to unrelated third parties	ø.	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Unsecured notes and loans payable to unrelated third parties	iitie	22				
Unsecured notes and loans payable to unrelated third parties	дe		persons Complete Part II of Schedule L		22	_
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties		23	
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule			
Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets				,		
lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26		2,356,648	26	2,434,217
30 Capital stock or trust principal, or current funds	S) (h)					
30 Capital stock or trust principal, or current funds	ĕ	27	-	30 133 215	27	31 118 706
30 Capital stock or trust principal, or current funds	<u>න</u>					<u> </u>
30 Capital stock or trust principal, or current funds	<u> </u>					
30 Capital stock or trust principal, or current funds	Ĭ	23	·	1,000,000		1,000,000
30 Capital stock or trust principal, or current funds	<u>.</u>					
31 Paid-in or capital surplus, or land, building or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 65,354,868 33 84,524,692		30			30	
33 Total net assets or fund balances	Ř	31			31	_
33 Total net assets or fund balances	ASS	32			32	
34 Total liabilities and net assets/fund balances		33	Total net assets or fund balances	65,354,868	33	84,524,692
	Z	34	Total liabilities and net assets/fund balances	67,711,516	34	86,958,909

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		49,7	753,529
2	Total expenses (must equal Part IX, column (A), line 25)	2		30,9	948,012
3	Revenue less expenses Subtract line 2 from line 1	3			305,517
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			354,868
5	Net unrealized gains (losses) on investments	5			364,307
6	Donated services and use of facilities	6			•
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		84,!	524,692
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

Software ID: Software Version:

EIN: 52-1234565

Name: Center on Budget and Policy Priorities

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	3,848,676	including grants of \$	65,675) (Revenue \$	3,000)						
Federal fiscal policy and related projects Performs research and analysis of federal budgets, tax policies and related issues, and trends in											
poverty and income distribution											
(Code) (Expenses \$	2,197,165	including grants of \$) (Revenue \$	15,500)						
Federal and state health projects Works to improve the health of low-income families and individuals through research, improvements in											
program policies and operations, and outreach strategies to increase child and family health insurance coverage											

Form 990, Part III -	Line 4c: Program	n Service	Accomplishments (See the	: Instructions)
(Code) (Expenses \$	746,845	including grants of \$) (Revenue \$
DC Fiscal Policy Institute	e Performs research	and analysis	on the budget, tax policies, and lo	w-ıncome programs of the Dıstrıct of

Columbia

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Ind	ntracto	rs					I	1	1 1	
(A) Name and Title			ion (nan o	ne b oth ctor/	ox, u an of trus	ınless fficer tee)		(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
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033 11100)	2,1033 112007	related organizations
(1) David de Ferranti	1 00	x		x				0	0	0
Chairman	1.00									
(1) Henry Aaron	1 00	x						0	0	0
Director (2) Kenneth Apfel	1 00									
Director		х						0	0	0
(3) Jano Cabrera	1 00							_		_
Director		X						0	0	0
(4) Henry A Coleman	1 00	,								
Director		X						0	0	0
(5) James O Gibson	1 00							_	_	_
Director		×						0	0	0
(6) Antonia Hernandez	1 00									
Director		×						0	0	0
(7) Wayne D Jordan	1 00									
Director		×						0	0	0
(8) Lynn McNair	1 00									
Director		X						0	0	0
(9) Marion Pines	1 00									
Director		X						0	0	0
(10) Robert D Reischauer	1 00									
Director		X						0	0	0
(11) Paul Rudd	1 00									
Director		X						0	0	0
(12) Susan Sechler	1 00									
Director		×						0	0	0
(13) William Julius Wilson	1 00									
Director		X						0	0	0
(14) Melanie Verveer	1 00									
Director		X						0	0	0
(15) Kım Wallace	1 00									
Director		×						0	0	0
(16) Robert Greenstein	40 00									
President				X				198,370	0	22,382
(17) Debra Schwartz	40 00									
VP - Finance/Operations/Asst Treasurer				Х				172,834	0	20,154
(18) Susan Steinmetz	40 00								_	
Senior VP - Program Mgmt/Asst Secretary					X			186,806	0	15,478
(19) Warren Krafchık	40 00								_	
Senior VP-Intl Programs					Х			181,774	0	20,541
(20) Nicholas Johnson	40 00									
VP - State Fiscal Policy					Х			185,539	0	33,975
(21) Ellen Nissenbaum	40 00									
Senior VP - Government Aff						×		194,767	0	21,216
(22) Joel Friedman	40 00					1.				
VP-Federal Fiscal Policy						×		183,376	0	13,403
(23) Sharon E Parrott	40 00									
VP - Budget Pol/Econ Oppor						×		173,316	0	30,927
(24) Judith Solomon	40 00									
VP - Health Policy						×		174,272	0	26,533
,		•			1		•			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Director

(A) Name and Title	(B) A verage hours per week (list any hours	A verage hours per more than one box, unless week (list person is both an officer and a director/trustee)							(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Indual trustee director		_	Former Highest compensated employee Key employee		Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
(26) Charles Marr	40 00					$\mid _{x}\mid$		173,100	0	29,640
				ı	I	ı ^ I		175,100	· · · · · · · · · · · · · · · · · · ·	29,040

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As Filed Data -

DLN: 93493229045175

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

		ne organization dget and Policy Priorities					Employer Identifica	ation number					
CCIIC	i Oli Bu	aget and Folicy Friorities			52-1234565								
Pa	rt I	Reason for Publi	ic Charity S	Status (All organiza	itions must co	mplete this p	art.) See instruction	ons.					
The c	rganı	zation is not a private f	oundation bec	auseıtıs (Forlines 1	through 11, ch	eck only one bo	ox)						
1	\sqcap	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	o)(1)(A)(i).						
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	Γ	A medical research or		erated in conjunction v	vith a hospital c	lescribed in sec	ction 170(b)(1)(A)(iii	i). Enter the					
5	Г	hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
_	'	section 170(b)(1)(A)(iv). (Complete Part II)											
6	Г	A federal, state, or loc		·	described in se	oction 170(b)(1	1)(A)(v)						
7	<u>آ</u>	An organization that n	_	_				neneral public					
•	1.	described in section 1	•	•	• •	om a governme	intal anic of from the g	general public					
8	Γ	A community trust de				tII)							
9	Γ	An organization that n	ormally receiv	es (1) more than 33:	1/3% of its supp	ort from contri	butions, membership	fees, and gross					
		receipts from activitie	s related to it	s exempt functions—s	ubject to certai	n exceptions, a	ind (2) no more than 3	331/3% of					
		its support from gross	ınvestment ır	ncome and unrelated b	usiness taxable	e income (less	section 511 tax) from	n businesses					
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See sec	tion 509(a)(2).	(Complete Par	rt III)						
10	Г	An organization organ	ized and opera	ated exclusively to tes	t for public safe	ty See section	1 509(a)(4).						
11	Г	An organization organ	ized and opera	ated exclusively for the	e benefit of, to r	erform the fund	ctions of, or to carry o	out the purposes of					
	•	one or more publicly s											
	_	the box in lines 11a th											
а	ļ	Type I. A supporting of			•	• •							
		supported organizatio organization You mus				ty of the direct	ors or crustees or the	supporting					
b	Г	Type II. A supporting				with its suppo	rted organization(s), l	by having control or					
		management of the su	ipporting orgai	nization vested in the	same persons t	hat control or r	nanage the supported	organization(s) You					
	_	must complete Part I	•										
С	ļ	Type III functionally supported organizatio						grated with, its					
d	\vdash	Type III non-function						ianization(s) that is					
_	'	not functionally integr											
	_	(see instructions) Yo	u must comple	ete Part IV, Sections A	and D, and Par	t V.							
e		Check this box if the					s a Type I, Type II, T	ype III functionally					
f		integrated, or Type II Enter the number of s		•									
		Provide the following i											
		r rovide the following i	mormation ab	out the supported orga	inizacion(s)								
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org		(v) A mount of	(vi) A mount of					
		organization		organization	listed in your		monetary support	other support (see					
				(described on lines 1-9 above or IRC	docume	ent?	(see instructions)	instructions)					
			section (see instructions))										
					Yes	No							
		· · · · · · · · · · · · · · · · · · ·											

supported organization

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 28,029,778 23,029,122 20,838,907 36,116,123 48,131,601 156,145,531 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 28,029,778 23,029,122 20,838,907 36,116,123 48,131,601 156,145,531 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 62,540,657 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 93,604,874 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🟲 28,029,778 23,029,122 20,838,907 36,116,123 Amounts from line 4 48,131,601 156,145,531 Gross income from interest, dividends, payments received on securities loans, rents, royalties 2,031,788 573,174 674,377 685,485 685,334 4,650,158 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support Add lines 7 160,795,689 through 10 12 Gross receipts from related activities, etc (see instructions) 3,470,682 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 58 210 % Public support percentage for 2013 Schedule A, Part II, line 14 15 61 660 % 16a 33 1/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 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 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 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 section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493229045175

OMB No 1545-0047

Inspection

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.

Political Campaign and Lobbying Activities

► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

- If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 - Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
 - ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization Center on Budget and Policy Priorities 52-1234565 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 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 (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

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

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	5,738	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	195,381	
c	Total lobbying expenditures (add lines 1a and 1b	o)	201,119	
d	Other exempt purpose expenditures		30,730,475	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	30,931,594	
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		
	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ente	er-0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lir	ne 1h or line 1ı, did the organization file Form 472	0 reporting	

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expen	ditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c	Total lobbying expenditures	460,655	396,490	459,281	201,119	1,517,545
_d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
е —	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures	55,307	22,613		5,738	191,819

(b) Amount	No
Amount	No
-	
-	
or section)(5), o
Yes	
1	
2	
3	
or section	
Part III-	R (b)
[-A, lines 1 a	Part II
I	Part I

Part IV Supplemental Information (continued)								
Return Reference	Explanation							

Schedule C (Form 990 or 990EZ) 2014

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

DLN: 93493229045175

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Supplemental Financial Statements

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

tema	Revenue Service Information about Schedule D (Forn	n 990) and its instructions is at <u>www.i</u>	rs.gov/	form990. Inspection
	me of the organization nter on Budget and Policy Priorities		Emp	ployer identification number
<i>-</i> CI	itel on budget and Policy Friorities		52-	1234565
P a	rt I Organizations Maintaining Donor Adv		unds	or Accounts. Complete if th
	organization answered "Yes" to Form 990			(1) 5
	Total number at and of year	(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advise	ers in writing that the assets held in do	nor adv	ISAd
	funds are the organization's property, subject to the or	ganization's exclusive legal control?		☐ Yes ☐ No
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?			
ē	rt II Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of a Preservation of a	certifie	d historic structure
	easement on the last day of the tax year			
				Held at the End of the Year
1	Total number of conservation easements		2a	
•	Total acreage restricted by conservation easements	aria atriuatura incluidad in (a)	2b	
	Number of conservation easements on a certified histo		2c	
ı	Number of conservation easements included in (c) acc historic structure listed in the National Register	quired after 8/1//00, and not on a	2d	
	Number of conservation easements modified, transfer	ed, released, extinguished, or termina	ted by th	ne organization during
	the tax year ►			
	Number of states where property subject to conservat	ion easement is located 🕨		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ndling of	f violations, and
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ements o	during the year
	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easemen	ts durın	g the year
	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ection 1	70(h)(4)(B)(ı) Yes No
	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia		
I	Complete if the organization answered "Y	s of Art, Historical Treasures,	or Ot	her Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education	, or rese	earch in furtherance of public
•	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	.16 (ASC 958), to report in its revenue its held for public exhibition, education	statem	nent and balance sheet
	(i) Revenue included in Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
	Revenue included in Form 990, Part VIII, line 1	•		▶ \$
				· +
)	Assets included in Form 990, Part X			F >

Part	Organizations Maintaining Co	ollections of Art,	Histor	rical Tr	easu	res, or O	ther	Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	s, checl	_		_		sıgnıfıcant use	of its	
а	Public exhibition		d [Loan	or exch	nange progr	ams			
b	Scholarly research		е Г	Other	=					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and explair	n how th	ey furthe	r the o	rganızatıon	's ex	empt purpose II	n	
5	During the year, did the organization solicit								-	
Dar	assets to be sold to raise funds rather than t IV Escrow and Custodial Arrange							<u>'</u>	Yes	No
Fai	Part IV, line 9, or reported an ar					answered	u 10	23 (0 1 0 1 1 1 1 2	<i>5</i> 0,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other intermed	liary for	contribu	tions o	r other ass	ets n		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the f	ollowing	table		_				
_						-	_	Am	ount	
C	Beginning balance					-	1c			
d	Additions during the year					<u> </u>	1d			
e f	Distributions during the year					-	1e 1f			
	Ending balance	orm 000 Dart V line	21 for	0.5.5.F0.W.0	rauata	L		hulutura [Yes	
2a h	Did the organization include an amount on F								res	140
	If "Yes," explain the arrangement in Part XI									<u>'</u>
Par	t V Endowment Funds. Complete	(a)Current year	(b)Prior				_		(e)Four	years back
1a	Beginning of year balance	26,823,319		3,631,805		21,195,801		21,440,582	. ,	19,421,097
b	Contributions									
C	Net investment earnings, gains, and losses	1,040,550	;	3,191,514		2,436,004		-244,781		2,019,485
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses	27.002.000	2/	. 022 210		22.621.005		21 105 001		21 440 502
g	End of year balance	27,863,869		5,823,319		23,631,805		21,195,801		21,440,582
2	Provide the estimated percentage of the cur	*	e (line 1	g, colum	n (a)) h	ield as				
а	Board designated or quasi-endowment	96 410 %								
b	Permanent endowment ► 3 590 %									
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organizat	ion that	t are held	d and a	dmınıstered	fort	the	T	
	organization by (i) unrelated organizations						_	3a(Yes	No No
	(ii) related organizations						٠.	3a(i	_	No
b	If "Yes" to 3a(II), are the related organization		on Sche	edule R?				3b		
4	Describe in Part XIII the intended uses of t									
Par	t VI Land, Buildings, and Equipme		ne orga	ınızatıor	n answ	ered 'Yes	' to I	Form 990, Pa	rt IV,	line
		10.								
	11a. See Form 990, Part X, line Description of property	10.		(a) Cost or asis (inves		(b)Cost or o basis (othe		(c) Accumulated depreciation	d (d)	Book value
	11a. See Form 990, Part X, line								d (d)	Book value
	11a. See Form 990, Part X, line Description of property								d (d)	Book value
b E	Description of property	10. 				basis (other				Book value 321,254
b E c L d E	Description of property and					basis (other	er)	depreciation	64	
b E c L d E	Description of property and			asis (inves	tment)	68: 1,010	er) 1,818	depreciation 360,5	64	321,254

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related.	Complete if the organization	n answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	b	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organizat	ion answered 'Yes' to Form 990	
	ion answered 'Yes' to Form 990), Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' to Form 990	
Part IX Other Assets. Complete if the organizate (a) Description (a) Description (b) Total. (Column (b) must equal Form 990, Part X, col.(B) line	Ison answered 'Yes' to Form 990 cription	(b) Book value
Part IX Other Assets. Complete if the organizate (a) Description (a) Description (b) Description (b) Must equal Form 990, Part X, col.(B) lines. Total. (Column (b) must equal Form 990, Part X, col.(B) lines. Part X Other Liabilities. Complete if the organizate (a) Description (b) Description (c) Des	Ison answered 'Yes' to Form 990 cription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of the property of the pr	Is.) January Language Survey of Sorm 990 of Soription 15.) January Language Survey of Sorm 990 of Soription 15.)	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability (a) Description of liability	Ison answered 'Yes' to Form 990 cription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	15.) ganization answered 'Yes' to Form 990 (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	Is.) January Language Survey of Sorm 990 of Soription 15.) January Language Survey of Sorm 990 of Soription 15.)	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	15.) ganization answered 'Yes' to Form 990 (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	15.) ganization answered 'Yes' to Form 990 (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	15.) ganization answered 'Yes' to Form 990 (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	15.) ganization answered 'Yes' to Form 990 (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	15.) ganization answered 'Yes' to Form 990 (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	15.) ganization answered 'Yes' to Form 990 (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability (a) Description of liability	15.) ganization answered 'Yes' to Form 990 (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	15.) ganization answered 'Yes' to Form 990 (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	15.) ganization answered 'Yes' to Form 990 (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	15.) ganization answered 'Yes' to Form 990 (b) Book value	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes	15.) ganization answered 'Yes' to Form 990 (b) Book value	(b) Book value

Par		evenue per Audited Financial Starvered 'Yes' to Form 990, Part IV, line 1		nts With	Revenue p	er R	eturn Complete If
1		r support per audited financial statements				1	50,101,418
2	A mounts included on line 1 bu	it not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses)	on investments	2a	[364,307		
b	Donated services and use of fa	acılıtıes	2b				
c	Recoveries of prior year grants	s	2c				
d	Other (Describe in Part XIII)		2d		-16,418		
e	Add lines 2a through 2d .		·			2e	347,889
3	Subtract line 2e from line 1 .					3	49,753,529
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII)		4b				
c	Add lines 4a and 4b		· · ·			4 c	0
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12)			5	49,753,529
Part		xpenses per Audited Financial Sta			h Expenses	per	Return. Complete
1		swered 'Yes' to Form 990, Part IV, line r audited financial statements				1	30,931,594
2		t not on Form 990, Part IX, line 25	•			-	30,931,394
z a		acilities	2a	1			
b			2b				
c	· -		2c				
d			2d	+			
e			Zu			2e	
3	-					3	30,931,594
4		0, Part IX, line 25, but not on line 1:	• •			ب	30,331,334
a		uded on Form 990, Part VIII, line 7b	4a	1			
b			4b		16,418		
c					10,110	4c	16,418
5		nd 4c. (This must equal Form 990, Part I, lir				5	30,948,012
	XIII Supplemental Inf		10 10)	· · · ·	<u> </u>		30,540,012
P rov Part	ide the descriptions required for	Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and					de any additional
	Return Reference	Explanation					
Part V	, Line 4	The Board of Directors' intent in establish contributing to the Center's endowment fur of the Center					
Part X	, Line 2	Management evaluated the Center's tax p uncertain tax positions that require either statements					
	I, Line 2d - Other tments	Investment fees -16,418					
Part X	II, Line 4b - Other tments	Investment fees 16,418					

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493229045175

OMB No 1545-0047

Department of the Treasury

SCHEDULE F

(Form 990)

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.

Open to Public

temal Revenue Service Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.						Inspection
Name of the organization Center on Budget and Po						tification number
					52-1234565	
		on Activitie t IV, line 14b.		e United States. Co	omplete if the organiz	zation answered
and other assista	ance, the gra	ntees' eligibilit	ty for the gran	s to substantiate the a ts or assistance, and 	the selection criteria	⊽ Yes
2 For grantmakers assistance outsid			ganızatıon's pr	ocedures for monitorii	ng the use of its gran	its and other
3 Activites per Region	on (The follow	ng Part I, line 3	table can be du	plicated if additional spa	ce is needed)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	
(1) See Add'l Data			-	-		
(2)						
(3)						
(4)						
(5)						
3a Sub-total		0	106			818,889
b Total from continu to Part I	ation sheets	0	306			3,345,91
c Totals (add lines 3	a and 3b)	0	412			4,164,800

•	, and the state of	
	and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990	ວັ,
Part IV	line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
			l .			l .	l .	l .

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

3.

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

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	ি	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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	F	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	▽	Yes	Г	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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	~	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	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; do not file with Form 990)	Г	Yes	্ব	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2	Grantees are required to submit audited statements as part of the due diligence conducted prior to the execution of a grant, and annually for every year thereafter, for the term of the grant period. All grant agreements specify that grantees are to keep separate records of all receipts and expenditures from CBPP funds

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I Line 3	The program service "advancing transparency, accountability, and participation of government budgets" is performed by conducting comparative analyses of government budget institutions, processes and practices, building capacity of local civil society organizations, rese arching and documenting the impact of civil society budget work, promoting international standards for budget transparency, accountability and participation, and advising governments on mechanisms for expanding public participation in the budget process. In allocating the expenses incurred in furtherance of this program service, CBPP made certain operational assumptions including the following. (1) payments made to vendors via wire transfer or check were assigned to the region to which the payments were transmitted, and (2) all material payments made by credit card were allocated to the region where the program service was rendered, except that travel expenses were uniformly assigned to the destination region, not the traveler's point of origination.

Additional Data

Software ID: Software Version:

EIN: 52-1234565

Name: Center on Budget and Policy Priorities

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0		Meetings and Conferences		32,983
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	2	Grantmaking		10,000
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	19		A dvancing transparency, accountability and participation of government budgets	67,612

				I	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	10	Meetings and Conferences		82,624
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	5	Grantmaking		114,638
East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	0	37		Advancing transparency, accountability and participation of government budgets	207,478

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region		
Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	0	20	Meetings and Conferences		43,554		
Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	0	3	Grantmaking		260,000		
Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium	0	55		Advancing transparency, accountability and participation of government budgets	405,404		

Form 990 Schedule F	Part I - Activit	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	0	11	Meetings and Conferences		27,615
Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	0	8	Grantmaking		198,818
Middle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	0	36	-	Advancing transparency, accountability and participation of government budgets	268,326

Form 990 Schedule F I	Part I - Activit	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America - Canada and Mexico, but but not the United States	0	3	Meetings and Conferences		3,735
North America - Canada and Mexico, but but not the United States	0	1	Grantmaking		29,400
North America - Canada and Mexico, but but not the United States	0	13		Advancing transparency, accountability and participation of government budgets	386,605

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region		
Russia & the Newly Independent States - Armenia, Azerbijan, Belarus,	0	3	Meetings and Conferences		2,823		
Russia & the Newly Independent States - Armenia, Azerbijan, Belarus,	0	2	Grantmaking		10,000		
Russia & the Newly Independent States - Armenia, Azerbijan, Belarus,	0	13	Program Services	Advancing transparency, accountability and participation of government budgets	66,355		

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region		
South America - Argentina, Bolivia, Brazil, Chile, Columbia, Ecuador,	0	6	Meetings and Conferences		7,227		
South America - Argentina, Bolivia, Brazil, Chile, Columbia, Ecuador,	0	21		Advancing transparency, accountability and participation of government budgets	208,482		
South Asia - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal,	0	6	Meetings and Conferences		3,342		

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region		
South Asia - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal,	0	4	Grantmaking		205,000		
South Asia - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal,	0	17		Advancing transparency, accountability and participation of government budgets	149,654		
Sub-Saharan Africa - Angola, Benin, Botswana, Burkina, Faso,	0		Meetings and Conferences		16,089		

Form 990 Schedule F	<u>Part I - Activit</u>	ties Outside T	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa - Angola, Benin, Botswana, Burkina, Faso,	0	12	Grantmaking		434,400
Sub-Saharan Africa - Angola, Benin, Botswana, Burkina, Faso,	0	90		Advancing transparency, accountability and participation of government budgets	922,636

, Form 990 Scheau	ie i part II	- Grants or Entitle	s outside The Ur	itea States		_	_	<u>.</u>
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Middle East and North Africa	Project Support	66,060	Wire transfer			
		South Asia	Project Support	50,000	Wire transfer			
		Central America and the Caribbean	Project Support	5,000	Wire transfer			
		Middle East and North Africa	Project Support	6,590	Wire transfer			

, Form 990 Schedv	ale F Part II	- Grants or Entitie	es Outside The Ur	iited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	Project Support	5,000	Wire transfer			
		South Asia	Project Support	75,000	Wire transfer			
		East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	Project Support	33,497	Wire transfer			
		East Asia and the Pacific - Australia, Brunei, Burma, Cambodia,	Project Support	3,500	Wire transfer			

, rorm 990 Scheau	ie E bart II	- Grants or Entition	es outside ine un	itea States	_	_	_	· .
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Afrıca	Project Support	5,000	Wire transfer			
		Middle East and North Africa	Project Support	5,000	Wire transfer			
		Middle East and North Africa	Project Support	13,137	Wire transfer			
		East Asia and the Pacific	Project Support	32,478	Wire transfer			

Form 990 Sched	ule F Part II	- Grants or Entitie	es Outside The Ur	ited States		_		_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Afrıca	Project Support	87,500	Wire transfer			
	,	Central America and the Caribbean	Project Support	5,000	Wire transfer			
	,	North America	Project Support	29,400	Wire transfer			
	,	Sub-Saharan Africa	Project Support	5,000	Wire transfer			

Form 990 Schedule	e F Part II	- Grants or Entitie	s Outside The Ur	ited States			_	
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Africa - Angola, Benin, Botswana, Burkina, Faso,	Project Support	5,000	Wire transfer			
		Mıddle East and North Africa - Algeria, Bahrain, Djibouti, Egypt,	Project Support	23,575	Wire transfer			
		Sub-Saharan Africa	Project Support	81,000	Wire transfer			
		Sub-Saharan Africa	Project Support	12,500	Wire transfer			

Form 990 Scheau	ie i part II	- Grants or Entitle	.s Outside The Un	ited States		_	_	_
(a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		Sub-Saharan Africa	Project Support	16,000	Wire transfer			
		Europe (Including Iceland & Greenland)	Project Support	5,000	Wire transfer			
		Sub-Saharan Africa	Project Support	34,500	Wire transfer			
		Sub-Saharan Africa	Project Support	75,000	Wire transfer	1		

e r Part II -	Grants or Entitle	is outside the on	iteu States		_		
(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
	Europe (Including Iceland & Greenland)	Project Support	250,000	Wire transfer			
	Russia and Neighboring States	Project Support	5,000	Wire transfer			
	South Asia	Project Support	30,000	Wire transfer			
	South Asia	Project Support	50,000	Wire transfer	1		
Ē.	(b) IRS code section and EIN(if applicable)	(b) IRS code section and EIN(if applicable) Europe (Including Iceland & Greenland) Russia and Neighboring States South Asia	(b) IRS code section and EIN(if applicable) Europe (Including Iceland & Greenland)	section and EIN(if applicable) Europe (Including Iceland & Greenland)	(b) IRS code section and EIN(if applicable) Europe (Including Iceland & Greenland) Project Support South Asia Project Support Support	(b) IRS code section and EIN(if applicable) Column	(b) IRS code section and EIN(if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of cash disbursement Europe (Including Iceland & Greenland) Russia and Neighboring States South Asia (e) Amount of cash grant (f) Manner of cash disbursement (g) Amount of non-cash assistance (h) Description of non-cash assistance Wire transfer South Asia Project Support 30,000 Wire transfer

Form 990 Schedu	ile F Part II	- Grants or Entitie	es Outside The Ur	ited States		_		
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Project Support	5,000	Wire transfer			
		East Asia and the Pacific	Project Support	40,163	Wire transfer			
		Sub-Saharan Africa	Project Support	80,000	Wire transfer			
		Middle East and North Africa	Project Support	16,499	Wire transfer			

Form 990 Schedi	ıle F Part II	- Grants or Entitie	es Outside The Uni	ited States				
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Afrıca	Project Support	27,900	Wire transfer			
		Mıddle East and North Africa	Project Support	15,763	Wire transfer			
		Russia and Neighboring States	Project Support	5,000	Wire transfer			
		Mıddle East and North Africa	Project Support	52,194	Wire transfer			

Form 990 Schedu	le F Part II	- Grants or Entitie	s Outside The Un	ited States				-
(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland & Greenland)	Project Support	5,000	Wire transfer			

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

(Form 990)

See Additional Data Table

OMB No 1545-0047 **Grants and Other Assistance to Organizations,**

DLN: 93493229045175

Governments and Individuals in the United States

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

Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number Center on Budget and Policy Priorities 52-1234565 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance grant cash orassistance or government assistance (book, FMV, appraisal, other)

Enter total number of section $501(c)(3)$ and government organizations listed in the line 1 ta	ble .
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Enter total number of other organizations listed in the line 1 table

55

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) 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 I	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
•	Each US recipient of grant funds is required to provide annual narratives and financial reports. The Organization receiving the grant funds is also required to provide copies of its annual form 990. In addition, CBPP staff have regular communications with recipients to monitor progress.

Schedule I (Form 990) 2014

Additional Data

Software ID:

Software Version:

EIN: 52-1234565

Name: Center on Budget and Policy Priorities

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(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 grant or assistance
Alameda County Community Food BankPO Box 2167 Alameda,CA 94501	94-2960297	501(c)(3)	8,000				SNAP Academy

<u>Form 990,Schedule I, Pa</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(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 grant or assistance			
American Immigration Council412 North 3rd Street Harrisburg, PA 17101	52-1549711	501(c)(3)	42,000				Immigration work state issues			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grant or assistance		
Arkansas Advocates for Children & Families1400 West Markham Suite 600 Little Rock,AR 72201	71-0492205	501(c)(3)	47,000				State Policy Fellow		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grant or assistance		
Arkansas Advocates for Children and Youth1400 West Markham Suite 600 Little Rock, AR 72201	71-0492205	501(c)(3)	25,000				General Support		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grant or assistance		
Ballot Initiative Strategy Center Foundation1815 Adams Mill Road NW No 300 Washington, DC 20009	04-3454684	501(c)(3)	30,000				General Support		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(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 grant or assistance		
California Budget Project 1107 9th Street Suite 310 Sacramento, CA 95814	68-0346784	501(c)(3)	135,000				Project Support Anti- Poverty		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(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 grant or assistance		
California Food Policy Advocates436 14th Street Oakland, CA 94612	94-3163142	501(c)(3)	40,000				General Support		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(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 grant or assistance		
Center for Civil Justice436 S Saginaw Street Suite 400 Flint, MI 48502	38-1859780	501(c)(3)	10,000				SNAP Academy		

orm 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(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 grant or assistance		
Center for Public Policy7020 East Wind Drive Suite 200 Austin,TX 78752	74-2898197	501(c)(3)	67,000				Project Grant Community Eligibility, State Policy Fellowship		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(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 grant or assistance				
Center for Public Policy Priorities 7020 East Wind Drive Suite 200 Austin, TX 78752	74-2898197	501(c)(3)	45,000				Project Grant Community Eligibility, Strategic Planning				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grant or assistance			
Coalition on Homelessness & Housing in Ohio175 South Third Street Columbus,OH 43215	31-1189029	501(c)(3)	35,000				General Support			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
Colorado Fiscal Institute 1905 Sherman Street Suite 225 Denver, CO 80203	46-1281109	501(c)(3)	209,000				Strategic development/project support, Project Grant EITC, Immigration (state issues)			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
Economic Progress Institute 600 Mount Pleasant Ave Providence, RI 02908	32-0295517	501(c)(3)	40,000				Project Grant Capacity			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Fiscal Policy InstituteOne Lear Jet Lane Latham, NY 12110	14-1737256	501(c)(3)	67,500				General Support, Immigration (state issues)			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
Florida Philanthropic Network Inc1211 N Westshore Blvd No 314 Tampa,FL 33607	20-1328734	501(c)(3)	115,500				Project Support Capacity			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
Georgia Budget and Policy Institute100 Edgewood Avenue Suite 950 Atlanta, GA 30303	55-0860376	501(c)(3)	182,500				General Support, Strategic Dev/Project Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
Hunger Free Vermont Inc38 Eastwood Drive Suite 100 South Burlington, VT 05403	03-0336357	501(c)(3)	10,000				SNAP Academy			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
Institute on Taxation and Economic Policy1616 P Street NW Suite 200 Washington, DC 20036	04-2688165	501(c)(3)	52,000				State Policy Fellow			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
Iowa Policy Project20 E Market Street Iowa City,IA 52245	42-1512708	501(c)(3)	52,375				Project Support Website Development			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
Kansas Action for Children 720 SW Jackson Suite 201 Topeka, KS 66603	48-0879502	501(c)(3)	15,000				Project Grant Community Eligibility			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grant or assistance			
Kansas Center for Economic 720 SW Jackson Street Suite 203 Topeka, KS 66603	48-0879502	501(c)(3)	60,000				Project grant State Issues			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
Louisiana Budget Project447 Third Street Baton Rouge, LA 70802	46-3872778	501(c)(3)	141,000				Project Support Anti- Poverty, General Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(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 grant or assistance		
Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330	04-3346273	501(c)(3)	30,000				General Support		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(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 grant or assistance		
Maine Center for Economic Policy66 Winthrop Street Augusta, ME 04332	22-3317572	501(c)(3)	40,000				Project grant Capacity		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grant or assistance		
Massachusetts Budget and Policy Center15 Court Square Suite 700 Boston, MA 02108	04-2967537	501(c)(3)	57,000				State Policy Fellow		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
Massachusetts Law Reform 99 Chauncy Street 5th Floor Boston, MA 02111	04-6004303	501(c)(3)	12,000				SNAP Academy			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
Michigan League For Public Policy1223 Turner Street Suite G1 Lansing, MI 48906	38-1360557	501(c)(3)	25,000				General Support			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grant or assistance			
Minnesota Budget Project 2314 University Avenue Suite 20 St Paul, MN 55114	36-3501477	501(c)(3)	45,000				Project Grant Anti- Poverty			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grant or assistance			
Minnesota Council of Nonprofits2314 University Avenue Suite 20 St Paul, MN 55114	36-3501477	501(c)(3)	90,000				Project Grant Anti- Poverty			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grant or assistance		
Mississippi Economic Policy Center4 Old River Place Jackson, MS 39202	64-0851798	501(c)(3)	25,000				Project Grant EITC		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(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 grant or assistance		
Missouri Budget Project3534 Washington Avenue St Louis, MO 63103	26-0062334	501(c)(3)	75,500				General support/ website redesign		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
Montana Budget and Policy Center910 E Lyndale Suite A Helena, MT 59601	80-0624179	501(c)(3)	65,000				State Policy Fellowship, Project Support- Strategic Planning, General Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
Mountain Association for Community Economic Development433 Chestnut Street Berea, KY 40403	31-0900246	501(c)(3)	50,000				Project grant Capacity (Communications)			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
National Immigration Law Center1444 Eye Street NW Suite 1110 Washington, DC 20005	95-4539765	501(c)(3)	87,500				Project grant Immigration (state issues)			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grant or assistance			
Nebraska Children & Families Fdn (Coalition for A Strong Nebraska)215 Centennial Mall South Suite 200 200 Lincoln,NE 68508	91-1829974	501(c)(3)	20,000				Project grant Nutrition			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grant or assistance				
New Hampshire Fiscal Policy Institute11 Depot Street 2nd Floor Concord,NH 03301	27-0841484	501(c)(3)	25,000				General Support				

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
New Jersey Policy Perspective137 W Hanover Street Trenton, NJ 08608	22-3492715	501(c)(3)	95,000				State Policy Fellow, Project grant- immigration (state issue)			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
North Carolina Budget and Tax Center224 S Dawson Street Raleigh, NC 27601	56-1348186	501(c)(3)	68,000				Project Grant Anti- Poverty			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
North Carolina Justice CenterPO Box 28068 224 S Dawson Street Raleigh,NC 27611	56-1348186	501(c)(3)	222,000				Project Grants Anti- Poverty, capacity, immigration			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount 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 grant or assistance			
Ohio Association of Foodbanks101 East Town Street Columbus,OH 43215	34-1677838	501(c)(3)	10,000				SNAP Academy			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
Oklahoma Policy Institute 907 S Detroit Suite 1005 Tulsa,OK 74120	33-1178624	501(c)(3)	45,000				General Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
Opensky Policy Institute 1201 O Street Suite 010 Lincoln,NE 68508	45-3327969	501(c)(3)	25,000				General Support			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(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 grant or assistance				
Oregon Ctr for Public Policy PO Box 7 Silverton, OR 97381	93-1186075	501(c)(3)	48,000				Project Grant EITC, SPP Capacity Building Renewal				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
Pennsylvania Budget and Policy Center412 North 3rd Street Harrisburg,PA 17101	52-1549711	501(c)(3)	40,000				Project grant Capacity (analysis)			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
Policy Matters Ohio3631 Perkins Avenue Cleveland, OH 44114	34-1921881	501(c)(3)	78,000				SFAI Development, Project grant- capacity			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(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 grant or assistance			
Public Assets InstitutePO Box 942 Montpelier,VT 05601	16-1703662	501(c)(3)	50,000				Project grant Capacity (analysis)			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(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 grant or assistance				
Public Children Svcs Assoc (Advocates for Ohio Future) 510 E Mound Street Suite 200 Columbus, OH 43215	31-0996612	501(c)(3)	50,000				Project Grant Health and Human Services				

form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
Tennesseans for Fair TaxationPO Box 68426 Nashville,TN 37206	62-1651811	501(c)(3)	30,000				General Support					

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(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 grant or assistance					
The Children's Alliance718 6th Avenue S Seattle, WA 98104	91-0982879	501(c)(3)	10,000				Strategic Dev/Project Support					

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(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 grant or assistance				
The Commonwealth Institute for Fiscal Analysis1329 E Cary Street Richmond, VA 23219	27-1598303	501(c)(3)	100,500				Strategic Development Program, Project grants- immigration and EITC				

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(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 grant or assistance					
Virginia Poverty Law Ctr Inc 919 E Main Street No 610 Richmond, VA 23219	54-1093402	501(c)(3)	50,000				General Support					

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(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 grant or assistance						
Voices for Illinois Children 208 S S LaSalle suite 1490 Chicago, IL 60604	36-3480909	501(c)(3)	94,000				General Support, Project grant- state Issues, EITC						

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(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 grant or assistance					
Washington State Budget and Policy Center1402 Third Avenue Suite 1215 Seattle, WA 98101	72-1612982	501(c)(3)	147,000				General Support, Project grant- anti- poverty					

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(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 grant or assistance					
West Virginia Center on Budget and Policy723 Kanawha Blvd Charleston, WV 25391	56-2652132	501(c)(3)	25,000				General Support					

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.												
(a) Name and address of organization or government	(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 grant or assistance					
Wisconsin Council on Children and Families555 W Washington No 200 Madison, WI 53703	39-0806301	501(c)(3)	50,000				Project grant- state issues					

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DLN: 93493229045175

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Center on Budget and Policy Priorities

Employer identification number

52-1234565

Pai	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Fo 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these it			
	First-class or charter travel Housing allowance or residence for personal is	ıse		
	Travel for companions Payments for business use of personal reside	nce		
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	т 1 b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a	⁷ 2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Pa	art III		
	Compensation committee Written employment contract			
	Form 990 of other organizations Approval by the board or compensation comp	nittee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing or or a related organization	rganızatıon		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
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, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," described in Regulations section 53 4958-4(a)(3)?	ribe		1
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regul section 53 4958-6(c)?	lations 9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

I

Return Reference Explanation

Schedule J (Form 990) 2014

Additional Data

Software ID: Software Version:

EIN: 52-1234565

Name: Center on Budget and Policy Priorities

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown o (i) Base Compensation		of W-2 and/or 1099-MISC compensation (ii) Bonus & (iii) Other Incentive reportable compensation compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 Robert Greenstein, President	(I) (II)	198,370 0	0	0	14,184 0	8,198 0	220,752	0
Debra Schwartz, VP - Finance/Operations/Asst Treasur	(I) (II)	172,534 0	300 0	0	12,400 0	7,754 0	192,988	0
2 Susan Steinmetz, Senior VP - Program Mgmt/Asst Secret	(I) (II)	186,506 0	300 0	0	13,322 0	2,156 0	202,284	0
3 Warren Krafchik, Senior VP-Intl Programs	(I) (II)	181,474 0	300 0	0	12,745 0	7,796 0	202,315	0
4 Nicholas Johnson, VP - State Fiscal Policy	(I) (II)	185,239 0	300 0	0	13,322 0	20,653	219,514	0
5 Ellen Nissenbaum, Senior VP - Government Aff	(I) (II)	190,219 0	4,548 0	0	13,410 0	7,806 0	215,983	0
6 Joel Friedman, VP- Federal Fiscal Policy	(I) (II)	183,076 0	300 0	0	11,275 0	2,128 0	196,779	0
7 Sharon E Parrott, VP - Budget Pol/Econ Oppor	(I) (II)	173,316 0	0	0	12,035 0	18,892 0	204,243	0
8 Judith Solomon, VP - Health Policy	(I) (II)	173,272 0	1,000	0	11,193 0	15,340 0	200,805	0
9 Charles Marr, Director	(I) (II)	172,800	300	0	11,082 0	18,558 0	202,740	0

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Noncash Contributions

DLN: 93493229045175

OMB No 1545-0047

► Attach to Form 990. Department of the Treasury ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

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

Open to Public Inspection

Name of the organization Center on Budget and Policy Priorities

SCHEDULE M

(Form 990)

Employer identification number

52-1234565

Pa	rtI Typ	es of Property							
			(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	- etermın		:s
1	Art-Works	of art			-				
2	Art—Historia	cal treasures .							
3	Art—Fractio	nal interests							
4	Books and p	ublications							
5	Clothing and	l household							
_	_								
	Cars and oth								
		anes							
		property		2	20.720	ENAL /			
		Publicly traded .	X	3	38,728	FMV			
		Closely held stock .							
11		Partnership, LLC, rests							
12		Miscellaneous							
13	Qualified co contribution								
14	Qualified co								
15	Real estate-	-Residential .							
16	Real estate-	-Commercial							
17	Real estate-	-Other							
18	Collectibles								
19	Food invento	ory							
20	Drugs and m	edical supplies .							
21	Taxıdermy								
		tıfacts							
	•	ecimens							
	-	alartıfacts							
	Other►('							
	Other►(
)							
	Other►()	hu tha aras	nization during the tay year	r for contributions				
29				inization during the tax yea 283, Part IV, Donee Ackno		29		Yes	No
30a	During the	ear, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I, lines	1 through 28. that	\vdash		
					ition, and which is not requi				
		purposes for the enti					30a		No
h		scribe the arrangem					304	$\overline{}$	110
31					review of any non-standard	contributions?	31	Yes	
32a	Does the or	ganızatıon hıre or us	e third parti	ies or related organizations	to solicit, process, or sell i	noncash			
	contribution	ns?	•				32a		No
		scribe in Part II							
33			t an amount	in column (c) for a type of	property for which column (a) is checked,			
	describe in	Part II							

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493229045175

OMB No 1545-0047

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Center on Budget and Policy Priorities	Employer identification number
	52-1234565

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	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
Form 990, Part VI, Section B, line 12c	Conflict of interest forms are required to be completed annually by all staff and Board me mbers. The HR manager and administrative board liason monitor to ensure these forms are completed and follow up with staff and board, respectively, if forms are missing
Form 990, Part VI, Section B, line 15	The Board reviews and approves compensation of the President based on comparative data, de cisions are documented. The President approves compensation levels of key employees, based on comparative data. Decisions are documented and the Board Chair reviews these compensation levels.
Form 990, Part VI, Section C, line 19	The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request
Form 990, Part IX, line 11g	Consulting & Subcontracts Program service expenses 208 Management and general expenses 8 Fundraising expenses 1 Total expenses 217 Translators/Interpreters Program service expenses 105,544 Management and general expenses 4,331 Fundraising expenses 214 Total expenses 110,089 Special Projects Program service expenses 20,270 Management and general expenses 832 Fundraising expenses 41 Total expenses 21,143 Program/policy consulting Program service expenses 3,125,816 Management and general expenses 128,274 Fundraising expenses 6,335 Total expenses 3,260,425 Compliance Program service expenses 8,867 Management and general expenses 364 Fundraising expenses 18 Total expenses 9,249 Staff Training Program service expenses 38,224 Management and general expenses 1,569 Fundraising expenses 77 Total expenses 39,870 Contracted Services Program service expenses 51,843 Management and general expenses 2,127 Fundraising expenses 105 Total expenses 54,075