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DLN: 93493319068466

OMB No 1545-0047

Return of Organization Exempt From Income Tax

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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/foim990</u>

Interna	al Rever	nue Servic	ce						Inspection	
A F	or the :	2015 ca	lendar year, or tax year b	eginning 01-01-2015 , and ending	12-31-2	015			_	
B Che	eck ıf ap	plicable	C Name of organization Center on Budget and Policy	, Priorities			D Emplo	yer i	dentification number	
_	ddress ch	-	,				52-12	2345	565	
_	ame cha	-	Doing business as							
Fi Fi	itial retu nal	ırn					E Teleph	one n		
	termina/	ited	Number and street (or P O 820 First Street NE No 510	box if mail is not delivered to street addres	ss) Room/	suite				
	nended r			nce, country, and ZIP or foreign postal code			(202)	408	3-1080	
Ap	plication	pending	Washington, DC 20002	ice, country, and ZIP of foreign postar code			G Gross	receip	ots \$ 32,114,531	
			F Name and address of	principal officer		H(2) 1				
			Robert Greenstein				s this a group subordinates?		ırn for	
			820 First Street NE No Washington, DC 20002				No		·	
r Ta	x-exem	pt status	▼ 501(c)(3)	<u></u>	 		Are all subord ncluded?	ınate	Yes No	
				() 4 (IIISELT 110) 4947(a)(1) 01	1 327			a lis	st (see instructions)	
) W	ebsite:	:► www	w cbpp org			H(c)	Group exempt	ion i	number ►	
K Forr	m of org	anızatıon	✓ Corporation Trust	Association Other >		L Year	of formation 19	81	M State of legal domicile DO	
		_								
Pa	rt I		mary							
				nission or most significant activities to help promote greater public under		g of budget	policies			
e.			·	<u> </u>		-				
e E	_									
Activities & Governance	2 C	heck th	ıs box ▶ □ıf the organiza	ation discontinued its operations or	dispose	d of more th	nan 25% of its	s net	assets	
A 0.5	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than							, ,,,,,	400000	
	3 N	umber	of voting members of the g	governing body (Part VI, line 1a) .				3	15	
iivīties (4 N	umber	of independent voting men	nbers of the governing body (Part V	I, line 1)		4	15	
	5 T	otal nur	nber of individuals employ	ved ın calendar year 2015 (Part V , l	line 2a)			5	220	
ACI	6 T	otal nur	nber of volunteers (estima		6	0				
	7a Total unrelated business revenue from Part VIII, column (C), line 12							7a		
	b Ne	et unrela	ated business taxable inco	ome from Form 990-T, line 34 .		· · ·	Prior Year	7b	T -	
Ravenue		Contributions and analta (Dark VIIII, long 4 h)							Current Year	
		8 Contributions and grants (Part VIII, line 1h)					48,131,		23,677,596	
	9	Program service revenue (Part VIII, line 2g)						294 634	·	
	10 11		vestment income (Part VIII, column (A), lines 3, 4, and 7d)							
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line						0		
		12)			(,,,,,		49,753,	529	25,506,794	
	13	Grants	and similar amounts paid	d (Part IX, column (A), lines 1-3)			4,576,	856	8,055,172	
	14	Benefi	ts paid to or for members	(Part IX, column (A), line 4)		-		0	0	
δ	15	Saları 5–10)		mployee benefits (Part IX, column ((A), lines	;	16,938,	647	16,424,984	
nse	16a	•		art IX, column (A), line 11e)		_		0	14,203	
Expenses	ь		indraising expenses (Part IX, co			•				
ū	17		- · · · ·	nn (A), lines 11a-11d, 11f-24e) .		_	9,432,	509	9,312,816	
	18		. , ,	l 7 (must equal Part IX, column (A),			30,948,		33,807,175	
	19	Revenue less expenses Subtract line 18 from line 12							-8,300,381	
% o						Beginn	ing of Current	Year	End of Year	
an A			. (5							
Net Assets or Fund Balances	20					•	86,958, 2,434,		67,986,808	
۳ <u>۲</u>	21	` ' '							2,095,722 65,891,086	
	22 200		ature Block	btract fille 21 from fille 20		•	84,524,	0 9 2	03,031,000	
Unde my ki	r penal nowled	Ities of p	perjury, I declare that I ha	ave examined this return, including nd complete Declaration of prepare	•	, -			•	
	I	****	* *				2016 11 11			
Sign	,		ature of officer				2016-11-14 Date			
Sign Here		Debr	Debra Schwartz Sr. VP, Finance & Admin							
			or print name and title	······						
	!		rint/Type preparer's name	Preparer's signature		Date 2016-11-14	Check I if	PTI	N 315245	
Paid	b	<u> </u>	licole Prince CPA	Nicole Prince CPA		2010-11-14	self-employed			
Pre	pare	Г ⊢	irm's name Rogers & Com	· · ·			Firm's EIN ► 5			
	Onl	1 1	irm's address ► 8300 Boone Bo				Phone no (703	s) 893	3-U3UU	
	•	-	Vienna, VA 22	182						

16,664) International Project Helps develop the capacity of non-governmental organizations around the world that work on budget and tax issues affecting the poor 11,559,651 including grants of \$ 7,198,555) (Revenue \$ 118,672) State fiscal and related projects Performs research and analysis of state budget and tax policy with an emphasis on the effects of such policies on low and moderate income households and fosters development of state-level policy organizations

573,158) (Code) (Expenses \$ 6,515,243 including grants of \$ 110.000) (Revenue \$ 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 Data

4d

Other program services (Describe in Schedule O)

Total program service expenses ▶

(Expenses \$

7,426,292 including grants of \$

31.017.698

30,000) (Revenue \$

63,255)

Page 2

	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
	7 11 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		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 2	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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? If "Yes," complete Schedule D, Part III 2	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 V 🔰	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			
	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 2	11b		No
	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 2	11 c		No
	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 2	11 d		No
е	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 2	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 $11e^{\gamma}$ 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? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	IV Checklist of Required Schedules (contil	nued,
21	Did the organization report more than \$5,000 of grants of	roth

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pa	rt 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
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part	

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

member of any of these persons? If "Yes," complete Schedule L, Part III

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Yes

Yes

23

24a

24b

24c

24d

25a

25b

26

27

28a

28h

28c

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31

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33

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35a

35b

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Yes

Form 990 (2015)

Yes

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P	a	g	e

Part V Statements Regarding Other IRS Filings and Tax Complian
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Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			
		Check if Schedule o contains a response of flore to any line in this	rait	<u>v</u>	· ·	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	74		103	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		L e organization comply with backup withholding rules for reportable payments to	venc	lors and reportable			
٠		g (gambling) winnings to prize winners?		· · · · · ·	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	30	220			
L	•	s return	2a		2b	Yes	
U		f the sum of lines 1a and 2a is greater than 250, you may be required to e-file	,			103	
3a	Did the	e organization have unrelated business gross income of \$1,000 or more during	the y	/ear?	3a		No
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	Schedule O	3b		
4a	Atany	ϵ time during the calendar year, did the organization have an interest in, or a sig	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	ount,	or other financial	4a		N.o.
L		nt) ⁷					No
b		s," enter the name of the foreign country		Financial Assounts			
	(FBAR		anu	Financial Accounts			
5a	Was th	ne organization a party to a prohibited tax shelter transaction at any time durin	a the	tax year?	5a		No
		ly taxable party notify the organization that it was or is a party to a prohibited t			5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?			30		
•	11 100	s, to line 3d of 3b, aid the organization me rount occorrie.	• •		5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		Νo
	-	zation solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th					
U		ot tax deductible?		· · · ·	6 b		
7	Organi	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contribution		d partly for goods and	7a		No
h		es provided to the payor? s," did the organization notify the donor of the value of the goods or services pr			7b		
		e organization sell, exchange, or otherwise dispose of tangible personal proper			76		
•		rm 8282?	• .		7 c		No
d	If"Yes	s," indicate the number of Forms 8282 filed during the year	7d				
e	Did the	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?			
					7e		No
		e organization, during the year, pay premiums, directly or indirectly, on a perso			7 f		No
g	If the o	organization received a contribution of qualified intellectual property, did the oi	rganız 	ation file Form 8899 as	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, did t	the organization file a			
		1098-C?			7h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus	siness	s holdings at any time			
		the year?	•	· · · · ·	8		
9a	Did the	e sponsoring organization make any taxable distributions under section 49667	· .		9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or rela		erson?	9b		
10		n 501(c)(7) organizations. Enter	r	-			
а	Initiat	ion fees and capital contributions included on Part VIII, line 12	10a				
b		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	faciliti					·	
		n 501(c)(12) organizations. Enter	المما				
		Income from members or shareholders	11a				
U		st amounts due or received from them)	11b				
12a	Section	- n 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
		s," enter the amount of tax-exempt interest received or accrued during the		<u></u>			
-	year		12b				
13	Sectio	n 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state? N	ote. S	ee the instructions for			
		onal information the organization must report on Schedule O			13a		
b		the amount of reserves the organization is required to maintain by the states	13b				
c		the amount of reserves on hand	13c				
		e organization receive any payments for indoor tanning services during the tax		7	14a		No
		s," has it filed a Form 720 to report these payments? If "No," provide an explanat	•		14b		
-				-	-		

orm	990 (2015)			Page
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.			w,
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	even	ue Cod	e.)
			V	NI

0	year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10 a		No
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?	10 b		
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	12 a	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	12 c	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?	16 a		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		

ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI Section 6104 requires an organization to make its Form 1023 (or 1024

	ND, OH, OK, OK, PA, RI, SC, IN, OI,	VA,
ıf	applicable), 990, and 990-T (501(c)	
~	allabla. Chaole all that apply	

 AL , AK , AZ , AR , CA , CO , CT , DC , FL , GA , IL , KS , KY ,

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐ O wn website ☐ A nother's website ☐ Upon request ☐ O ther (explain in Schedule O)
- 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

List the States with which a copy of this Form 990 is required to be filed▶

Section C. Disclosure

State the name, address, and telephone number of the person who possesses the organization's books and records ►The Organization 820 First Street NE No 510 Washington, DC 20002 (202) 408-1080

Part VII

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 no		ganıza	tion	com	pen	sated	lany	current officer, o	lirector, or truste	е								
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unle	ore t ss pe	han erso cer tor/t	not one n is and rust	tee)	an	(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								
	below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee individual trustee or director		Former Inghest compensated microse ey employee Afficer Institutional Trustee ar director odividual trustee dotted line		Tighest compensated imployee		Former Highest compensated employee		ormer lighest compensated microse		ormer lighest compensated microsee		Former Highest compensated Imployee		PI SC)	11130)	and related organizations
(1) David de Ferranti	1 00	Х		×				0	0	0								
Chairman																		
(2) Henry Aaron Treasurer	1 00	x		×				0	0	0								
(3) Kenneth Apfel Director	1 00	х						0	0	0								
(4) Henry A Coleman Director	1 00	x						0	0	0								
(5) James O Gibson Director	1 00	x						0	0	0								
(6) Antonia Hernandez Director	1 00	х						0	0	0								
(7) Wayne D Jordan Director	1 00	х						0	0	0								
(8) Lynn McNair Director	1 00	х						0	0	0								
(9) Marion Pines Secretary	1 00	х		×				0	0	0								
(10) Robert D Reischauer Director	1 00	х						0	0	0								
(11) Paul Rudd Director	1 00	х						0	0	0								
(12) Susan Sechler Director	1 00	х						0	0	0								
(13) Melanne Verveer Director	1 00	х						0	0	0								
(14) Kım Wallace	1 00	х						0	0	0								
										Form 990 (2015)								

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

(A) Name and Title	(B) A verage	Doc	ution	(do		choc	4	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week (list	ours per more than one box, comp						compensation from the	pensation compensatio	n amount of
	any hours	unie		cer			all	organization	organizations	
	for related	director/						(W- 2/1099-	(W- 2/1099	
	organizations below	옥蓝	=	Officer	T.	돌림	ΕQ	MISC)	MISC)	organization and related
	dotted line)	dina dina	State Table	호	<u>e</u>	양의	Former			organizations
		S L	Institutional		를	6 Q	-			
		individual trustee or director	<u> </u>		key employee	Highest compensat				
		8	Trustee		"	Ě				
		-	1 1 T			ated				
(15) William Julius Wilson	1 00					-				
Director		Х						0		0
(16) Robert Greenstein	40 00									
President				X				201,846		0 23,408
(17) Debra Schwartz	40 00			,,				177.000		20.20
VP - Finance/Operations/As				Х				177,966		0 20,386
(18) Susan Steinmetz	40 00				x			190,139		0 14,686
Senior VP - Program Mgmt/A					_^			190,139		0 14,000
(19) Teresa LaMaster	40 00				X			176,960		0 3,750
Executive VP - Operations					Ĺ			170,500		3,730
(20) Nicholas Johnson	40 00				X			188,676		0 35,507
VP - State Fiscal Policy					Ĺ			100,070		33,307
(21) Ellen Nissenbaum	40 00					l x		194,863		0 21,179
Senior VP - Government Aff						<u> ^ </u>		151,003		21,17
(22) Joel Friedman	40 00					l _x		187,014		0 13,144
VP-Federal Fiscal Policy						<u> ^ </u>		107,011		3,11
(23) LaDonna Pavetti	40 00					l x		175,615		0 32,770
WP - Welfare Reform						ļ				
(24) Judith Solomon	40 00					l x		178,058		0 30,327
VP - Health Policy						ļ				
(25) Charles Marr	40 00					l _x		178,177		0 33,222
Director									<u> </u>	
1b Sub-Total				•						
c Total from continuation sheets to Part VII	-		•	•			1.0	10.214	0	220.270
d Total (add lines 1b and 1c)		•	•	<u>▶</u>			1,84	19,314	0	228,379

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 I for such individual		.,	
	muividual	4	Yes	1
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

1 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	s tax year
(A) Name and business address	(B) Description of services	(C) Compensation
International Budget Partnership	Project Mgt Consulting	370,530
820 First Street NE Ste 400 Washington, DC 20002		
Lawrence J Haas	Media Consulting	285,938
12 Falls Chapel Ct Potomac, MD 20854		
Kone Consulting LLC	Project Mgt Consulting	259,733
23632 Highway 99 Ste F Edmonds, WA 98026		
Threespot Media LLC	Media Consulting	161,859
3333 14th Street NW Washington, DC 20010		
Juan Pablo Guerrero	Project Mgt Consulting	128,880
4716 Chestnut Street Bethesda, MD 20814		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 7

Yes

No

Form 99								Page 9
Part V	* 🛊 🕂	Statement o						_
		Check if Schedu	ule O contains a respon	se or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s နှ	1 a	Federated camp	oaigns 1a	4,679				
Grants Amounts	ь	Membership du	es 1b					
ons, Gifts, Grants Similar Amounts	c	Fundraising eve	ents 1c					
iffs ar /	d	Related organiz	ations 1d					
s, G	e	Government grants	(contributions) 1e					
Contributions, Gifts, and Other Similar A	f	All other contribution	ons, gifts, grants, and 1f	23,672,917				
tributio Other	g		ons included in lines	62,622				
Contr and C	-	1a-1f \$. 4 - 46		23,677,596			
<u>5</u> #	h	Total. Add lines	sla-lf		23,677,596			
를	3.	Contract income	-	Business Code	700 675	700 675		
Y-V-	2a b	Conference & hono	orana .	900099	700,675 68,939	700,675 68,939		
ı Ç	c	Subscriptions & pub		900099	2,135	2,135		
Program Service Revenue	d			300033	2,100	2,100		
	e		_					
grai	f	All other progra	ım service revenue					
<u>Æ</u>	g	Total. Add lines	L 32a-2f	•	771,749			
	3		ome (including dividend		940,139			940,139
	4		ar amounts) tment of tax-exempt bond p					
	5	Royalties		🔸 [
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental incor	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) Other				
	74	from sales of assets other than inventory	6,725,047					
	ь	Less cost or other basis and	6,607,737					
		sales expenses Gain or (loss)	117,310					
	c d		s)		117,310			117,310
Other Revenue	8a	Gross income fi events (not incl \$	rom fundraising luding reported on line 1c)					
Other			a penses b					
	9a			vents •				
	ь	Less direct evi	a penses b					
	l		loss) from gaming activ	rities				
	10a	Gross sales of i	inventory, less	•				
		returns and allo						
	b c	Less cost of go	oods sold . . b loss) from sales of inve	ntory				
	۳	Miscellaneous		Business Code				
	11a							
	ь							
	c							
	d	All other revenu	L					
	e	Total. Add lines		•				
	12	Total revenue.	See Instructions	•	25,506,794	771,749	С	1,057,449

Part IX Statement of Functional Expenses

Section	501(c)(3)	1 and $501(c)(4)$ organize	ations must complete a	Il columns All other	organizations must	complete column (A.)

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	7,682,032	7,682,032			
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	373,140	373,140			
4	Benefits paid to or for members					
5	Compensation of current officers, directors, trustees, and key employees	1,026,781	906,915	63,570	56,296	
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	12,522,186	11,066,532	770,314	685,340	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	692,941	608,539	45,717	38,685	
9	Other employee benefits	1,255,889	1,102,919	82,857	70,113	
10	Payroll taxes					
		927,187	818,407	57,568	51,212	
11	Fees for services (non-employees)					
а	Management					
b	Legal	127,309	93,334	33,975		
С	Accounting	112,698	40,297	64,229	8,172	
d	Lobbying					
е	Professional fundraising services See Part IV, line 17	14,203			14,203	
f	Investment management fees	25,047		25,047		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,316,964	3,152,966	163,998		
12	Advertising and promotion					
13	Office expenses	534,900	417,419	94,218	23,263	
14	Information technology	823,273	797,266	15,580	10,427	
15	Royalties					
16	Occupancy	1,956,093	1,694,289	153,989	107,815	
17	Travel	1,119,786	1,113,983	948	4,855	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	865,575	835,566	26,805	3,204	
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	164,064	144,602	10,570	8,892	
23	Insurance	50,474	23,056	27,418		
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	156,870	142,564	11,200	3,106	
b	Taxes/licenses	59,763	3,872	49,870	6,021	
c d						
e	All other expenses					
25	Total functional expenses. Add lines 1 through 24e	33,807,175	31,017,698	1,697,873	1,091,604	
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)	33,007,173	31,017,030	1,037,073	1,031,004	

	990 (2	•					Page 11			
Par	t X	Balance Sheet Chack of School via O contains a response or note to any line	o in thi	. Dart V			_			
		Check if Schedule O contains a response or note to any lir	ne in thi	spartx			· · · ·			
					(A) Beginning of year		End of year			
	1	Cash-non-interest-bearing			4,173,134	1	4,284,221			
	2	Savings and temporary cash investments			26,809,787	2	12,663,959			
	3	Pledges and grants receivable, net			25,317,070	3	12,111,772			
	4	Accounts receivable, net		323,066	4	245,963				
	5	Loans and other receivables from current and former offickey employees, and highest compensated employees Conscience of the conscience of			5					
Assets	6	section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of s	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Pai II of Schedule L							
SS	7	Notes and loans receivable, net				6 7				
Ø	8	Inventories for sale or use			8					
	9	Prepaid expenses and deferred charges			316,706	9	288,525			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	 10a	1,618,107	010,700		200,020			
	Ь	Less accumulated depreciation	10b	1,076,694	585,195	10c	541,413			
	11	Investments—publicly traded securities	29,419,228	11	37,850,955					
	12	Investments—other securities See Part IV, line 11 .		12						
	13	Investments—program-related See Part IV, line 11 .			13					
	14	Intangible assets	Intangible assets							
	15	Other assets See Part IV, line 11		14,723	15	0				
	16	Total assets.Add lines 1 through 15 (must equal line 34))		86,958,909	16	67,986,808			
	17	Accounts payable and accrued expenses			1,969,334	17	1,698,800			
	18	Grants payable			18					
	19	Deferred revenue		8,400	19					
	20	Tax-exempt bond liabilities				20				
	21	Escrow or custodial account liability Complete Part IV o	of Sched	ule D		21				
bilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di								
		persons Complete Part II of Schedule L				22				
Lia	23	Secured mortgages and notes payable to unrelated third	parties			23				
	24	Unsecured notes and loans payable to unrelated third pa	rties			24				
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D	o relate	d third parties,						
					456,483	25	396,922			
	26	Total liabilities. Add lines 17 through 25			2,434,217	26	2,095,722			
ces		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ► 「	and complete						
lan	27	Unrestricted net assets			31,118,706	27	31,240,382			
မ္မ	28	Temporarily restricted net assets			52,405,986	28	33,650,704			
2	29	Permanently restricted net assets		ŀ	1,000,000	29	1,000,000			
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), cl complete lines 30 through 34.		ŀ						
Ş	30	Capital stock or trust principal, or current funds				30				
Net Assets	31	Paid-in or capital surplus, or land, building or equipment		ŀ		31				
Ă	32	Retained earnings, endowment, accumulated income, or	other fu	nds		32				
Š	33	Total net assets or fund balances			84,524,692	33	65,891,086			

34

Total liabilities and net assets/fund balances

67,986,808

86,958,909

34

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Total revenue (must equal Part VIII, column (A), line 12)

Donated services and use of facilities .

Revenue less expenses Subtract line 2 from line 1 . . .

Other changes in net assets or fund balances (explain in Schedule O) .

Net unrealized gains (losses) on investments . .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

Single Audit Act and OMB Circular A-133?

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Consolidated basis

Cash 🗸 Accrual Cother

Both consolidated and separate basis

- 33,807,175 -8,300,381
- 3 4 5

1

2

6

7

8

9

10

- - 84,524,692

65,891,086

No

Page 12

25,506,794

-1,312,083 -9,021,142

Yes

Schedule 0			ĺ
Were the organization's financial statements compiled or reviewed by an independent accountant?			N
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			
Separate basis Consolidated basis Both consolidated and separate basis			
Were the organization's financial statements audited by an independent accountant?			
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			

2c

3a

3b

Yes

Nο

Form 990 (2015)

Additional Data

Software ID:

Software Version:

EIN: 52-1234565

Name: Center on Budget and Policy Priorities

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

(Co	de) (Expenses	5 \$ 4,400,55	including grants of	\$ 30,000) (Revenue \$)
Federa	I fiscal policy and related projects	Performs research	and analysis of federa	l budgets, tax policies and related issue	s, and trends in
povert	y and income distribution				

(Code) (Expenses \$ 2,243,911 including grants of \$) (Revenue \$ 60,755)

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 - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 781,824 including grants of \$) (Revenue \$ 2,500)

DC Fiscal Policy Institute Performs research and analysis on the budget, tax policies, and low-income programs of the District of Columbia

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

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

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

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

SCHEDULE A

(Form 990 or

Internal Revenue Service Name of the organization

Center on Budget and Policy Priorities

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

990EZ)

Part I

1

2

3

Total

Treasury

Department of the

DLN: 93493319068466

52-1234565

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.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

OMB No 1545-004 Open to Public Inspection Employer identification number **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 23,029,122 20,838,907 36,116,123 48,131,601 23,677,596 151,793,349 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 23,029,122 20 838 907 36,116,123 48,131,601 23,677,596 151,793,349 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 61.761.954 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)

	column (i)												
6	Public support. Subtract line 5 from line 4							90,031,395					
S	ection B. Total Support												
10)	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 20	15	(f) Total					
7	Amounts from line 4	23,029,122	20,838,907	36,116,123	48,131,601	23	,677,596	151,793,349					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	573,174	674,377	685,485	685,334		940,139	3,558,509					
9	Net income from unrelated business activities, whether or not the business is regularly carried on												
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)												
11	Total support. Add lines 7 through 10							155,351,858					
12	Gross receipts from related activi	ties, etc (see inst	ructions)	·	·	12		3,861,922					
13	First five years.If the Form 990 is	for the organizati	on's first, second	, thırd, fourth, or f	ıfth tax year as a	section 5	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,						

Section C. Computation of Public Support Percentage

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 57 950 % 15 Public support percentage for 2014 Schedule A, Part II, line 14 15 58 210 %

16a 33 1/3% support test - 2015. 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-2014. 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 - 2015. 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 ▶□

b 10%-facts-and-circumstances test - 2014. 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 gualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do						
,	not include any "unusual grants") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
_	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
•	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
h	Amounts included on lines 2 and						
U	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
	the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
_	from line 6)						
Se	ction B. Total Support		•	•		•	
	Calendar year				T		I
(or f	iscal year beginning in) ▶	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
`9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization
	check this box and stop here						▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	L4 Schedule A. P	art III. line 15			16	
			·			1.0	
	ction D. Computation of Inv						
17	Investment income percentage for	2015 (line 10c, c	olumn (f) divided	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
19a	33 1/3% support tests—2015.If the	organization did	not check the bo	ox on line 14. and	l line 15 is more t		and line 17 is not
	more than 33 1/3%, check this box						▶□
b	33 1/3% support tests—2014.If the	-		•		-	•
_	18 is not more than 33 1/3%, check	-					_
20	Private foundation. If the organizati						

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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Assall of the eventuality of eventual eventual eventual to be discussed by some or the eventual eventu		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	2		
	509(a)(1) or (2)			
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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?	3 c		
4-	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?	1		
	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?	4b		
	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	70		
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) ?			
	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	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5 C		
_	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? If "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 .	9 c		
0a	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)	10 b		
1	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?	11 a		
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	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			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		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	S
--	---------	----	------	----	------------	--------------	---

			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 contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			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		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	v the Integral Part Test during the year (see instructions)

- 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

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	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	
	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	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	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		
,	Other expenses (see instructions)	7		
;	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)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
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 furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
·	20010115		
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 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2.01 F

DLN: 93493319068466

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Service

Political Campaign and Lobbying Activities

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

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

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public Inspection

If the organization answered "Yes" on 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

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

If the organization answered "Yes" on 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" on 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

	me of the organization hter on Budget and Policy Priorities			Employer iden	tification number
				52-1234565	
Par	t I-A Complete if the o	rganization is exempt unde	er section 501(c) or is a section 527	organization.
1	Provide a description of the o	rganization's direct and indirect po	litical campaign act	ivities in Part IV	
2	Political expenditures			>	\$
3	Volunteer hours				
Par	t I-B Complete if the o	rganization is exempt unde	er section 501(c)(3).	
1	Enter the amount of any excis	se tax incurred by the organization	under section 4955	.	\$
2	Enter the amount of any excis	se tax incurred by organization mar	agers under sectio	n 4955 >	\$
3	If the organization incurred a	section 4955 tax, did it file Form 4	720 for this year?		Yes No
4a	Was a correction made?				□ Yes □ No
b	If "Yes," describe in Part IV				, , , , , , , , ,
Par	t I-C Complete if the o	rganization is exempt unde	er section 501(c), except section 50	1(c)(3).
1	Enter the amount directly exp	ended by the filing organization for	section 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing exempt function activities	organization's funds contributed to	other organizations	s for section 527	\$
3	Total exempt function expend	litures Add lines 1 and 2 Enter he	re and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	organization made payments amount of political contribution	and employer identification number For each organization listed, enter ons received that were promptly an a political action committee (PAC)	the amount paid fro d directly delivered	om the filing organization's t to a separate political orga	funds Also enter the inization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6	Demonstrative Control of the November Control of the N	the materials for Ferri 200	200 57		
ror i	aperwork Reduction Act Notice, :	see the instructions for Form 990 or 9	YYU-EL. (Cat No 50084S Schedule C (Form 990 or 990-EZ) 2015

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). Check ightharpoonup [if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,

		oying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
.a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots	4,945	
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)	315,175	
c	Total lobbying expenditures (add lines 1a and	320,120		
d	Other exempt purpose expenditures	33,447,805		
e	Total exempt purpose expenditures (add lines	1c and 1d)	33,767,925	
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns	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		

Subtract line 1f from line 1c If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? − No

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a)2012 **(b)**2013 (c)2014(d)2015 (e) Total beginning in) 1.000.000 Lobbying nontaxable amount 1,000,000 1.000.000 1.000.000 4,000,000 2a Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) 396,490 459,281 201.119 320,120 1,377,010 Total lobbying expenditures 250,000 250,000 250,000 250,000 1,000,000 Grassroots nontaxable amount Grassroots ceiling amount 1,500,000 (150% of line 2d, column (e)) 22,613 108,161 Grassroots lobbying expenditures

250.000

Return Reference

	filed Form 5768 (election under section 501(h)).		-1		- \
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(1	
ctiv	ıty	Yes	No	A mo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	103			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912			1	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
ar	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	01 (c)(5), c	or secti	on
			_	Ye	s N
1	Were substantially all (90% or more) dues received nondeductible by members?		<u> </u>	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	_
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
aı	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				
	Dues, assessments and similar amounts from members	1			
1	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
		2a	<u> </u>		
	Current year		I		
2	Current year Carryover from last year	2b			
a b	·	2c			
2 a b c	Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
	Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	2c 3			
2 a b c 3	Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2c			

Explanation

SCHEDULE D (Form 990)

Department of the

Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493319068466

Open to Public **Inspection**

Inten	nal Revenue Service	` '		Inspection
Na	me of the organization nter on Budget and Policy Priorities			loyer identification number
	Overnientiana Maintainina Dena	. Advised Funds on Other Cimiles		1234565
26		r Advised Funds or Other Similar I ed "Yes" on Form 990, Part IV, line 6.	·unas c	or Accounts.
	Complete if the organization answers	(a) Donor advised funds		Funds and other accounts
1	Total number at end of year	(a) Donor advised idilas	(6)	Tunus and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to		nor advi	sed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for	any othe	r purpose Yes No
Pa	rt II Conservation Easements. Comple	ete if the organization answered "Yes"	on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	ne organization (check all that apply)		
	Preservation of land for public use (e g , recr			
	education)	·		rically important land area
	Protection of natural habitat	Preservation of	a certifie	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in	the form	ı of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	
С	Number of conservation easements on a certified	, ,	2c	
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or termina	ied by th	e organization during the
	tax year ►			
4	Number of states where property subject to cons	ervation easement is located >		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	ding the periodic monitoring, inspection, had	ndling of	□Yes □No
6	Staff and volunteer hours devoted to monitoring, year		aing cons	
	-			
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing	conserva	ation easements during the year
-	▶ \$			
8	Does each conservation easement reported on III (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requirements of se	ction 17	"0(h)(4)
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia		· ·
Pai		ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	ner Similar Assets.
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not to report in its reve assets held for public exhibition, education	, or resea	arch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education		
1	(i) Revenue included on Form 990, Part VIII, line 1	1	▶ \$	

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

▶ \$ _

Sche	edule D (Form 990) 2015								Page 2
Par	t III Organizations Maintaining (continued)	g Collections of Ar	t, Historica	l Treası	ires, or (Other Sim	ilar Ass	ets	
3	Using the organization's acquisition, accollection items (check all that apply)	cession, and other reco	ds, check any	of the foll	owing that	are a signific	ant use o	fits	
а	Public exhibition		d ┌ ∟	oan or exc	change pro	grams			
b	Scholarly research		e	ther					
С	Preservation for future generations								
4	Provide a description of the organization		un how they fu	rther the (organizatio	n's evemnt n	urnose in		
•	Part XIII	To concections and expre	ini non eney ra	· circ · circ ·	organizació	no exempe p	arpose iii		
5	During the year, did the organization sol assets to be sold to raise funds rather t						Yes	No	·
Par	rt IV Escrow and Custodial Arr Complete if the organization Part X, line 21.		orm 990, Pa	rt IV, lın	e 9, or re	ported an a	amount c	n Forn	n 990,
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?	istodian or other interm	ediary for cont	rıbutıons	or other as:	sets not	Yes	∏ No)
ь	If "Yes," explain the arrangement in I	Part XIII and complete	the following ta	able			A mour	nt	
c	Beginning balance	·	,		10	:			
d	Additions during the year				10	ı			
e	Distributions during the year				16				
f	Ending balance				1f				
2 a	Did the organization include an amount	on Form 990, Part X, lın	e 21, for escro	w or cust	odial accou	ınt lıabılıty?	Yes	∏No	•
b	If "Yes," explain the arrangement in Par	t XIII Check here if the	e explanation h	nas been p	provided in	Part XIII .			
Pa	ert V Endowment Funds. Compl								
		(a)Current year	(b) Prior year	b (c) Two	years back	(d)Three year	s back (e	Four ye	ars back
1 a	Beginning of year balance	27,863,869	26,823,319	1	23,631,805	21,1	.95,801	2:	1,440,582
b	Contributions								
c	Net investment earnings, gains, and losses	-410,900	1,040,550		3,191,514	2,4	36,004		-244,781
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	27,452,969	27,863,869	1	26,823,319	23,6	31,805	2:	1,195,801
2	Provide the estimated percentage of the	current year end balan	ce (line 1g, co	lumn (a))	held as				
а	Board designated or quasi-endowment	96 360 %							
b	Permanent endowment ► 3 640 %								
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 20	should equal 100%							
За	Are there endowment funds not in the po	ossession of the organiz	ation that are	held and a	admınıstere	d for the			
	organization by (i) unrelated organizations						25/11	Yes	No No
	(ii) related organizations				•		3a(i) 3a(ii)		No
b	If "Yes" on 3a(II), are the related organi		d on Schedule	R?			. 3b		
4	Describe in Part XIII the intended uses	of the organization's er	dowment fund:	S					
Par	rt VI Land, Buildings, and Equi		000 5		44.6		5	10	
	Complete if the organization Description of property	answered 'Yes' to Fo	rm 990, Par (a)	1 1 v , iine	11a.See (b)		Part X, II		k value
	_ 555		Cost or othe		ost or other back (other)		reciation	. ,	-
1a	Land		· (mivestill	,	(outer)				
	Buildings								
c	Leasehold improvements				710,	399	447,970		262,429
	F				207	700	626 724		270.001

541,413

See Form 990, Part X, line 12. (a) Description of security or category.	ory	(b) Book value	(c)Method of valuation
(including name of security) (1)Financial derivatives			Cost or end-of-year market valu
(2)Closely-held equity interests			
(3) O ther			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12			
Part VIIII Investments—Program Related Complete if the organization answe	red 'Yes' on Form 99	0, Part IV, line 11c.c	See Form 990 Part V line 13
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
	+		
	+		
Total. (Column (b) must equal Form 990. Part X. col (B) line 13)	· •		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiz		Form 990, Part IV, line	e 11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV , line	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organiz (a) De	ation answered 'Yes' on escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Assets. Complete if the organiz (a) De	ation answered 'Yes' on escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) II Part X Other Liabilities. Complete if the organiz Other Lynn (b) Part X, line 25.	ne 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organiz Other Liabilities. Complete if the organiz See Form 990, Part X, line 25.	ation answered 'Yes' on escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) organization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) organization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) organization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) organization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) organization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) organization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) organization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization of the Control of the Cont	ne 15) organization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	ne 15) organization answere (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	me 15) Organization answere (b) Book value		(b) Book value

Schedule D (Form 990) 2015

1

2

b

d

3

3

c

24,214,664

-1,267,083

25,481,747

45,000

25,047

33,807,175

33.782.128

1

2e

3

2e

3

4c

25.047

-1,312,083

45,000

4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$						
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		25,	047		
b	Other (Describe in Part XIII)	4b					
c	Add lines 4a and 4b					4c	25,04
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line :	12)				5	25,506,79
Part	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered 'Yes' on Form 990, P			xpe	nse	s per	Return.
1	Total expenses and losses per audited financial statements					1	33,827,1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities	2a		45,	000		
b	Prior year adjustments	2b					
c	Other losses	2 c					
d	Other (Describe in Part XIII)	2d					

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b.

Net unrealized gains (losses) on investments

Donated services and use of facilities .

Add lines 2a through 2d

Recoveries of prior year grants .

Other (Describe in Part XIII)

Subtract line 2e from line 1 .

Add lines 4a and 4b .

Other (Describe in Part XIII)

Add lines 2a through 2d . . .

Subtract line 2e from line 1 . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) .

4b

2a

2b

2c

2d

Part XIII **Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b. Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

information

Return Reference Explanation

Part V. Line 4 The Board of Directors' intent in establishing the endowment fund, and the donor's intent in contributing to the Center's endowment fund was to provide for the long-term financial sustainability of the Center

Schedule D (Form 990) 2015		Page 5
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
		_

efile GRAPHIC print - DO NOT	PROCESS	As Filed Dat	:a -	DLN:	93493319068466
SCHEDULE F (Form 990)			Outside the Unit		OMB No 1545-0047
`	► Complete		n answered "Yes" to Form	990,	2015
			14b, 15, or 16. o Form 990.		
Department of the Treasury Internal Revenue Service	on about Schedu		nd its instructions is at wi	vw.irs.gov/form990.	Open to Public Inspection
Name of the organization				Employer ider	tification number
Center on Budget and Policy Priorities	5			52-1234565	
Part I General Informatio					
Complete if the organ					
1 For grantmakers. Does the	-				
and other assistance, the grunder used to award the grants or		lity for the gran	its or assistance, and	the selection criteria	
-					✓ Yes No
2 For grantmakers. Describe i assistance outside the Unite		rganızatıon's pı	rocedures for monitori	ng the use of its grai	nts and other
3 Activites per Region (The follow	wing Part I, line	3 table can be du	uplicated if additional spa	ice 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 program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region
(1) See Add'l Data			. egia,		
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0				604,278
b Total from continuation sheets to Part I	0				1,312,964
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	0			No 50082W Sche	1,917,242 dule F (Form 990) 2015

Dart II	Grants and Other Assistance to Organizations or Entities Outside the United States.
CILCLE	diants and other Assistance to organizations of Entitles outside the officed States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(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) Amount 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)								

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

17

U

	ther Assistance duplicated if addit			ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(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)							

(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(42)				

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
			Schedu	lle F (Form 990) 2015

(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				,
(17)				
(18)				
			Schedu	ıle F (Form 990) 2015

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 Yes √ No (see Instructions for Form 8865)

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 Yes 5713, do not file with Form 990) Νo

Page 5

		.,, (()
(accounting method); and P	Part III, column (c) (estimated nu	mber of recipients), as applicable. Also complete
this part to provide any add	litional information (see instruction	ons).

990 Schedule F, Supplemental Information

Schedule F (Form 990) 2015

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.

Return Reference Explanation

Schedule F, Part | Line 3 The program service "advancing transparency, accountability, and participation of government budgets" is performed by conducting comparative analyses of government budget instituti

990 Schedule F, Supplemental Information

ons, processes and practices, building capacity of local civil society organizations, rese arching and documenting the impact of civil society budget work, promoting international s tandards for budget transparency, accountability and participation, and advising governments on mechanisms for expanding public participation in the budget process

Additional Data

(a) Region

Software ID: Software Version:

EIN: 52-1234565

(d) Activities

Name: Center on Budget and Policy Priorities

(e) If activity listed in (f) Total expenditures

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

(b) Number of (c) Number of

	offices in the region	employees or agents in region	conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(d) is a program service, describe specific type of service(s) in region	for region
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,		2	Meetings and Conferences		4,048
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,		3	Grantmaking		29,900
Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,		12		Advancing transparency, accountability and participation of government budgets	38,131

(b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (a) Region (d) Activities offices in the employees or conducted in region (by (d) is a program for region agents in type) (i.e., fundraising, service, describe region specific type of service region program services. grants to recipients (s) in region located in the region) East Asia and the Pacific -Meetings and 15,819 Australia, Brunei, Burma, Conferences Cambodia, East Asia and the Pacific -Grantmaking 5,000

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

East Asia and the Pacific Australia, Brunei, Burma,
Cambodia,

East Asia and the Pacific Australia, Brunei, Burma,
Cambodia,

1 Grantmaking
5,000

Advancing transparency,
accountability and
participation of

laovernment budaets

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe region agents in specific type of service region program services, grants to recipients (s) in region located in the region) Europe (Including Iceland & Meetings and 49,686 Greenland) - Albania, Conferences Andorra, Austria, Belgium Grantmaking 264.640 Europe (Including Iceland & Greenland) - Albania, Andorra, Austria, Belgium Europe (Including Iceland & 42 Program Services Advancing transparency, 211.470 Greenland) - Albania, laccountability and Andorra, Austria, Belgium participation of

laovernment budaets

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program service, for region type) (i e , fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) Middle Fast and North Meetings and 7,813 Conferences Africa - Algeria, Bahrain, Djibouti, Egypt, Middle East and North Grantmaking 5,000 Africa - Algeria, Bahrain, Djibouti, Egypt,

Program Services

Advancing transparency,

accountability and

participation of government budgets

63,606

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

Middle East and North

Djibouti, Egypt,

Africa - Algeria, Bahrain,

(b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (a) Region (d) Activities offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of region agents in service(s) in region region program services, grants to recipients located in the region) North America - Canada and Meetings and 3,183 Conferences Mexico, but but not the United States Advancing transparency, IProgram Services 79.757

Conferences

North America - Canada and accountability and Mexico, but but not the United States participation of aovernment budgets

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

Russia & the Newly

Armenia, Azerbijan, Belarus,

Independent States -

Meetings and

834

(b) Number of (c) Number of (a) Region (d) Activities offices in the employees or conducted in region (by agents in type) (i.e., fundraising, region

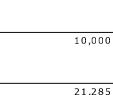
Form 990 Schedule F Part I - Activities Outside The United States

region program services, grants to recipients located in the region) Grantmaking

describe specific type of service(s) in region

(e) If activity listed in

(d) is a program service,



(f) Total expenditures

for region

Armenia, Azerbijan, Belarus,

Advancing transparency, accountability and

participation of laovernment budgets

Russia & the Newly Independent States -Armenia, Azerbijan, Belarus,

South America - Argentina,

Meetings and

Conferences

Program Services

75,229

Bolivia, Brazil, Chile,

Columbia, Ecuador,

Russia & the Newly

Independent States -

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) South America - Argentina, Program Services A dvancing transparency, 127,279 Bolivia, Brazil, Chile, laccountability and Columbia, Ecuador, participation of laovernment budgets 14.806 South Asia - Afghanistan, Meetings and

lConferences

Grantmaking

11,100

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

Bangladesh, Bhutan, India,

South Asia - Afghanistan,

Bangladesh, Bhutan, India,

Maldives, Nepal,

Maldives, Nepal,

(a) Region (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service, for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) South Asia - Afghanistan, Program Services Advancing transparency, 85,561 Bangladesh, Bhutan, India, laccountability and Maldives, Nepal, participation of laovernment budaets Sub-Saharan Africa -65.746 Meetings and

Conferences

Grantmaking

47,500

(d) Activities

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

(c) Number of

(b) Number of

Angola, Benin, Botswana,

Angola, Benin, Botswana,

Burkina, Faso, Sub-Saharan Africa -

Burkina, Faso,

(a) Region (b) Number of (c) Number of (d) Activities (e) If activity listed in (f) Total expenditures offices in the employees or conducted in region (by (d) is a program service. for region type) (i.e., fundraising, describe specific type of agents in region service(s) in region region program services, grants to recipients located in the region) Sub-Saharan Africa -Program Services A dvancing transparency, 482,795 Angola, Benin, Botswana, laccountability and Burkina, Faso, participation of

laovernment budgets

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

(i) Method of (a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (d) Purpose of grant (c) Region non-cash cash and EIN(ıf cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Central America and Project Support 4.900 Wire transfer the Caribbean 5.000 Wire transfer Central America and IProject Support

20,000 Wire transfer

5,000 Wire transfer

Form 990 Schedule F Part II - Grants or Entities Outside The United States

the Caribbean Central America and

Ithe Caribbean Fast Asia and the

Pacific

Project Support

Project Support

(b) IRS code

(b) IRS code (i) Method of (a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (d) Purpose of grant (c) Region cash non-cash and EIN(ıf cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Europe (Including Project Support 5.000 Wire transfer Iceland & Greenland)

5,000 Wire transfer

	Europe (Including Iceland & Greenland)	Project Support	9,640	Wire transfer		
	Europe (Including	Project Support	250,000	Wire transfer		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Middle East and

North Africa

Project Support

icurope (Including project Support IVVII e cialiste Iceland & Greenland)

(b) IRS code (i) Method of (a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash and EIN(ıf cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Russia and Project Support 5.000 Wire transfer Neighboring States

5,000 Wire transfer

	it orgina or mig o caree					<i>i</i>
	Russia and	Project Support	5,000	Wire transfer		
	Neighboring States					
	South Asia	Project Support	11,100	Wire transfer		ĺ

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Sub-Saharan Africa

Project Support

(b) IRS code (i) Method of (g) A mount of non-(h) Description of (e) A mount of (f) Manner of (a) Name of section valuation (c) Region (d) Purpose of grant non-cash cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Sub-Saharan Africa Project Support 15.000 Wire transfer

12,500 Wire transfer

7.000 Wire transfer

	Sub-Saharan Africa	Project Support	3,000	Wire transfer		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Sub-Saharan Africa

Sub-Saharan Africa

Project Support

Project Support

Form 990 Schedule F Part II - Grants or Entities Outside The United States (b) IRS code (i) Method of (g) A mount of non-(h) Description of (a) Name of (f) Manner of (e) A mount of valuation section (c) Region (d) Purpose of grant cash non-cash organization and FIN/if cach dichurcement (hook EM)/ her)

organization	applicable)			cash grant	cash disbarsement	assistance	assistance	appraisal, othe
		Sub-Saharan Africa	Project Support	5,000	Wire transfer			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Department of the Treasury

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

Internal Revenue Service

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

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

Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 2015

Fundamental and in a street and a street and

Open to Public

Schedule I (Form 990) 2015

DLN: 93493319068466

Inspection

Name of the organization						Employer Identification	in number
Center on Budget and Policy Priorities						52-1234565	
Part I General Information	on Grants and	d Assistance				<u>.</u>	
 Does the organization maintain returned the selection criteria used to awa Describe in Part IV the organization 	rd the grants or as ion's procedures fo	sistance? or monitoring the use	of grant funds in the Un	ited States			√ Yes No
Part III Grants and Other Assistan that received more than \$5				plete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 21	., for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
See Additional Data Table							
2 Enter total number of section 50:	. , . ,	-				· · · · . • _	69
3 Enter total number of other organ	ızatıons lısted ın th	ne line 1 table . .				•	0

Cat No 50055P

Additional Data

Little Rock, AR 72201

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 **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant ıf applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 52-1549711 501(c)(3) 42,500 Immigration work state American Immigration Council issues 412 North 3rd Street Harrisburg, PA 17101 Arkansas Advocates for 71-0492205 501(c)(3) 65,000 General Support, State Children & Families Policy Fellow 1400 West Markham Suite 600 Little Rock, AR 72201 30-0254995 501(c)(3) 15,000 Policy & systems Arkansas Hunger Relief Alliance reform Nutrition 1400 W Markham Street

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 04-3314093 501(c)(3) 15,000 Policy & systems Boston Medical reform-Healthcare 88 East Newton Street Boston, MA 02118 Support, Support Anti-

California Budget & Policy Center 1107 9th Street Suite 310 Sacramento, CA 95815	68-0346784	501(c)(3)	185,000		General Support, Project Support A Poverty
California Food Policy	94-3163142	501(c)(3)	25,000		General Support

Advocates 436 14th Street Oakland, CA 94612

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Center for People In Need 06-1669552 501(c)(3) 25,000 Policy & systems 3901 N 27th Street reform-Nutrition Lincoln NE COEO2

4001 North Third Stree Suite

Phoenix, AZ 85012

160

LINCOIN, NE 68502					
Center for Public Policy Priorities 7020 East Wind Drive Suite 200 Austin,TX 78752	74-2898197	501(c)(3)	170,000		Project Grant Community Eligibility, Strategic Planning
Children's Action Alliance	86-0594785	501(c)(3)	200,000		General Support

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Children's Alliance 91-0982879 501(c)(3) 15,000 General Support 718 - 6th Ave South Spattle MA 09107 I Support

Seattle, WA 30107					
Children's Defense Fund-OH 395 E Broad Street Suite 330 Columbus,OH 43215	52-0895622	501(c)(3)	100,000		General Support
Coalition on Homelessness & Housing in Ohio	31-1189029	501(c)(3)	35,000		General Support

175 South Third Street Columbus, OH 43215

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 74-2374672 501(c)(3) 100,000 General Support Colorado Childrens Campaign 1580 Lincoln Street Suite 420 Denver, CO 80203 Colorado Eiscal Institute 46-1281109 501(c)(3) 414,000 Strategic

1905 Sherman Street Suite development/project 225 Denver, CO 80203 (state

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

1133 19th Street NW 990 Washington, DC 20336

support, Project Grant EITC, Immigration Common Cause Education 31-1705370 501(c)(3) 60,000 General Support Fund

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) Council For A Strong America 13-3840271 501(c)(3) 75,000 General Support 1212 New York Avenue NW

issues)

Suite 300 Washington, DC 20005					
Faith In Public Life 1111 14th Street NW Suite 900	20-3798596	501(c)(3)	30,000		General Support

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

Latham, NY 12110

Washington, DC 20005

14-1737256 501(c)(3) 255,000 General Support, Fiscal Policy Institute One Lear Jet Lane Immigration (state

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Florida Children's Services 30-0395267 501(c)(4) 50,000 General Support Council 111 N Gadsden Street Suite

300 Tallahassee,FL 32301					
Florida Legal Services 2425 Torreya Drive Tallahassee,FL 32303	59-1436126	501(c)(3)	10,000		SNAP Academy
Florida Philanthropic Network	20-1328734	501(c)(3)	250,000		General Support

314

Tampa, FL 33607

neral Support, Project Support Inc 1211 N Westshore Blvd Suit Capacity

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Georgia Budget and Policy 55-0860376 501(c)(3) 322,500 General Support, Strategic Dev/Project Institute 100 Edgewood Avenue Suite Support

950 Atlanta,GA 30303					•
Hunger Task Force of Milwaukee 201 S Hawley Court Milwaikee, WI 53214	39-1345847	501(c)(3)	10,000		SNAP Academy

95,000

State Policy Fellow

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

501(c)(3)

Institute on Taxation and

1616 P Street NW Suite 200 Washington, DC 20036

Economic Policy

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 81-6035382 501(c)(3) 28,000 Jannus Inc Policy & systems 1607 West Jefferson Street lreform

Boise,ID 83702					
Kansas Action for Children 720 SW Jackson Suite 201	48-0879502	501(c)(3)	115,000		

Kansas Action for Children 720 SW Jackson Suite 201 Topeka,KS 66603	48-0879502	501(c)(3)	115,000		Project Grant Community Eligibility
Louisiana Budget Project	46-3872778	501(c)(3)	220.000		Project Support Anti-

Topeka, KS 66603					Commu
Louisiana Budget Project	46-3872778	501(c)(3)	220.000		Project

447 Third Street Poverty, General Baton Rouge, LA 70802 Support

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Maine Center for Economic 22-3317572 501(c)(3) 60,000 Project grant Capacity Policy 66 Winthrop Street Support

Augusta,ME 04332					
Maine Equal Justice Partners 126 Sewall Street Augusta, ME 04330	04-3346273	501(c)(3)	50,000		General S
Maryland Center on Economic	90-0999151	501(c)(3)	185,000		General S

Baltimore, MD 21201

Support Policy 1800 N Charles Street Suite 406

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Massachusetts Budget and 04-2967537 501(c)(3) 180,000 State Policy Fellow Policy Center 1 F. Court Caupro Cuito 700

Boston, MA 02108					
Massachusetts Law Reform 99 Chauncy Street 5th Floor Boston, MA 02111	04-6004303	501(c)(3)	60,000		SNAP Academy

70,000

General Support

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

501(c)(3)

Michigan League for Public

Lansing, MI 48906

1223 Turner Street Suite G-1

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) Minnesota Council of 36-3501477 501(c)(3) 290,000 Project Grant Anti-Nonprofits Poverty, Policy & 2314 University Avenue systems reformiration

Suite 20 St Maul, MN 55114					Immigration
Mississippi Economic Policy Center 4 Old River Place	64-0851798	501(c)(3)	15,000		Project Grant EITC

35,000

General support/

website redesign

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

501(c)(3)

Jackson, MS 39202

St Louis, MO 63103

Missouri Budget Project

3534 Washington Avenue

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Momsrising Education Fund 45-2499952 501(c)(3) 150,000 General Support 12011 Bel-Red Road Suite 100B Bellevue, WA 98005 Fellowship, ort-

Montana Budget and Policy Center 910 E Lyndale Suite A Helena, MT 59601	80-0624179	501(c)(3)	88,500		State Policy Fe Project Support Strategic Plann General Suppor
Mountain Association for	31-0900246	501(c)(3)	175,000		Project grant C

433 Chestnut Street Berea, KY 40403

nning, ort Capacity Community Economic (Communications) Development

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) National Council of La Raza 86-0212873 501(c)(3) 30,000 Project grant EITC 1126 16th Street NWSuite 600

Washington, DC 20036					
National Immigration Law Center 1444 Eye Street NW Suite 1110 Washington, DC 20005	95-4539765	501(c)(3)	87,500		Project grant Immigration (state issues)

25,000

General Support

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

501(c)(3)

New Hampshire Fiscal Policy

11 Depot Street 2nd Floor Concord, NH 03301

Institute

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) New Jersey Policy 22-3492715 501(c)(3) 223,000 State Policy Fellow, Perspective Project grant-

General Support

137 W Hanover Street Trenton, NJ 08608					immigration (state issue)
New Mexico Voices for Children 625 Silver Ave SW Suite 195 Albuquerque, NM 87102	85-0348301	501(c)(3)	2,605		Capacity

100,000

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

501(c)(3)

North Carolina Child

Raleigh, NC 27604

300

3109 Poplarwood Court Suite

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) North Carolina Justice Center 56-1348186 501(c)(3) 439,000 Project Grants Anti-PO Box 28068 224 S Poverty, capacity, Dawson Street Immigration Academy

Raleigh, NC 27611					liiiiiigiai
Ohio Association of Foodbanks 101 East Town Street	34-1677838	501(c)(3)	10,000		SNAPA

45,000

General Support

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

501(c)(3)

Columbus, OH 43215

Oklahoma Policy Institute

907 S Detroit Suite 1005 Tulsa, OK 74120

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Opensky Policy Institute 45-3327969 501(c)(3) 141,000 General Support 1201 O Street Suite 010 Lincoln, NE 68508 Grant EITC, acity Building

Oregon Ctr for Public Policy PO Box 7 Silverton, OR 37381	93-1186075	501(c)(3)	120,000		Project Grant EITC SPP Capacity Buildi Renewal
Partners for a Hunger-Free O regon	20-4970868	501(c)(3)	15,000		Policy & systems reform-Nutrition

712 SE Hawthorne Street Suite 202

Portland, OR 97381

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Policy Matters Ohio 34-1921881 501(c)(3) 318,000 SFAI Development, 3631 Perkins Avenue Project grant- capacity

_Cleveland,OH 44114					
Preble Street 38 Preble Street Portland, ME 04101	01-0418917	501(c)(3)	10,000		SNAP Academy
Protecting Arizona's Family	20-0658846	501(c)(3)	35,000		General Support

Phoenix, AZ 85004

ral Support Coantion 2100 N Central Avenue Suite 225

(a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 16-1703662 501(c)(3) 11,550 Public Assets Institute Project grant Capacity PO Box 942 (analysis) Montpelier, VT 05601

Public Children Sycs Assoc 31-0996612 501(c)(3) 50,000 Project Grant Health (Advocates for Ohio Future) land Human Services 510 F Mound Street Suite 200 Columbus, OH 43215

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

PO Box 7187 Columbia, SC 29202

SC Appleseed Legal Justice 57-1035023 501(c)(3) 15,000 Policy & systems reform-Nutrition Ctr

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) South Dakota Budget & Policy 46-2953628 501(c)(3) 40,000 General Support PO Box 2152 I Support

Sioux Falls, SD 57101					
State Innovation Exchange 1920 N Cameron Street Arlington, VA 22207	46-1368531	501(c)(3)	30,000		General Support
The Bell Policy Center	84-1550841	501(c)(3)	65,000		General Support

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

1905 Sherman Street Suite

Denver, CO 80203

900

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) The Commonwealth Institute 27-1598303 501(c)(3) 308,000 Strategic Development for Fiscal Analysis Program, Project 1329 E Cary Street grants - immigration and Dichmond VA 22210

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

501(c)(3)

36-3480909

Voices for Illinois Children

Chicago, IL 60604

208 S S LaSalle suite 1490

Richmond, VA 23219						EIIC
The Economic Progress	32-0295517	501(c)(3)	65,000			Capacity
Institute 600 Mount Pleasant Avenue						
Building						
9 Providence, RI 02908						
					 	

General Support,

lissues, EITC

Project grant- state

179,300

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) Voices for Ohio's Children 34-1941907 501(c)(3) 50,000 General Support 3311 Perkins Avenue Suite 200 ral Support

Cleveland,OH 44114					
Voices for Utah Children 747 E South Temple Suite 100 Salt Lake City, UT 84102	87-0428873	501(c)(3)	135,000		Genera

35,000

General Support

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

501(c)(3)

54-1726265

Voices For Virginia Children 701 F Franklin Street Suite

Richmond, VA 23219

807

(b) EIN (e) A mount of non- (f) Method of valuation (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Washington State Budget and 72-1612982 501(c)(3) 333,000 General Support, Policy Center Project grant- anti-1402 Third Avenue Suite bovertv

1215 Seattle, WA 98101					
West Virginia Center on Budget and Policy 723 Kanawha Blvd	56-2652132	501(c)(3)	100,000		General Support

Charleston, WV 25391 Wisconsin Council on 39-0806301 501(c)(3) 35,000 Project grant- state

(d) A mount of cash

Children and Families

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

(c) IRC section

(a) Name and address of

555 W Washington No 200 Madison, WI 53703

(a) Description of

issues

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Schedule J (Form 990)

Department of the

Compensation Information

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

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.qov/form990.

DLN: 93493319068466 OMB No 1545-0047

Open to Public

eas item	sury nal Revenue Service	,		,		Insp	ectio	n
Νa	me of the organiz	zation			Employer identificati	on nur	nber	
Cer	nter on Budget and F	Policy Priorities			52-1234565			
Pa	rt I Questi	ions Regarding Compensation			32 123 1303			
							Yes	No
La	Check the app	ropiate box(es) if the organization provid	ed ar	ny of the following to or for a person	listed on Form			
	990, Part VII,	Section A, line 1a Complete Part III to	prov	ide any relevant information regardi	ng these items			
	First-clas	s or charter travel	Γ	Housing allowance or residence fo	r personal use			
	Travel for	companions	Г	Payments for business use of pers	sonal residence			
	Tax idemi	nification and gross-up payments	Г	Health or social club dues or initia	ition fees			
	Discretion	nary spending account	Г	Personal services (e g , maid, cha	uffeur, chef)	 	 	
b		oxes in line 1a are checked, did the orgar t or provision of all of the expenses desc				1b		
2		zation require substantiation prior to rein tees, officers, including the CEO/Executi				2		
3	organization's	, if any, of the following the filing organiza CEO/Executive Director Check all that ied organization to establish compensation	apply	Do not check any boxes for metho	ods			
	Compens	ation committee	Г	Written employment contract				
	Independ	ent compensation consultant	~	Compensation survey or study				
	Form 990	of other organizations	✓	Approval by the board or compens	ation committee			
1	During the yea or a related org	r, did any person listed on Form 990, Pa ganization	rt VII	I, Section A, line 1a with respect to	the filing organization			
а	Receive a seve	erance payment or change-of-control pay	men	t?		4a		Νo
b	Participate in,	or receive payment from, a supplementa	non	qualified retirement plan?		4b		No
c	Participate in,	or receive payment from, an equity-base	d coi	mpensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and provi	de th	e applicable amounts for each item	ın Part III			
	Only 501(c)(3)), 501(c)(4), and 501(c)(29) organization	ıs mı	st complete lines 5-9.				
5		ted on Form 990, Part VII, Section A, lin contingent on the revenues of	ne 1a	, did the organization pay or accrue	any			
а	The organization	on?				5a		Νo
b	Any related org					5b		Νo
	If "Yes," on lin	e 5a or 5b, describe in Part III						
5		ted on Form 990, Part VII, Section A, line contingent on the net earnings of	ne 1a	, did the organization pay or accrue	any			
а	The organization	on?				6 a		Νo
b	Any related org	ganızatıon?				6b		Νo
	If "Yes," on lin	e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A, lii described in lines 5 and 67 If "Yes," desc			on-fixed	7		Νo
3	•	unts reported on Form 990, Part VII, pai Initial contract exception described in Re		·		8		No
9	If "Yes" on line	e 8, did the organization also follow the re	butt	able presumption procedure describ	ed in Regulations			

section 53 4958-6(c)?

Selledales (Form 550) 2015					r age 🕳						
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.											
ınstructions, on row (II) Do not list ar	tion must be reported on Schedule J, report compensation from the ony individuals that are not listed on Form 990, Part VII for each listed individual must equal the total amount of Form 990, F	.,	-	·							
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in						

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	P	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
(ı) cc	Base (1) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Return Reference	Explanation							
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								
Part III Supplemental Information								
Schedule J (Form 990) 2015	hedule J (Form 990) 2015							

Schedule J (Form 990) 2015

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

Form 990, Schedule J, I	Part II	<u>- Officers, Direct</u>	<u>:ors, Trustees, Ke</u>	y Employees, and	Highest Compens	sated Employees		
(A) Name and Title		(B) Breakdown of (i) Base Compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable 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 on prior Form 990
1Robert GreensteinPresident	(1)	201,846	0	0	14,465	8,943	225,254	0
	(11)	0	0	0	0	- 0		0
1Debra Schwartz VP - Finance/Operations/As	(1)	177,616	350	0	12,650	7,736	198,352	0
	(11)	0	0	0	0			0
2Susan Steinmetz Senior VP - Program Mgmt/A	(1)	189,789	350	0	13,591	1,095	204,825	0
	(11)	0	0	0	0			0
3Teresa LaMaster Executive VP - Operations	(1)	167,985	8,975	0	3,750	0	180,710	0
	(11)	0	0	0	0	-		0
4Nicholas Johnson VP - State Fiscal Policy	(1)	188,326	350	0	13,591	21,916	224,183	0
	(11)	0	0	0	0	- 0	- 0	0
5 Ellen Nissenbaum Senior VP - Government Aff	(1)	193,863	1,000	0	13,682	7,497	216,042	0
	(11)	0	0	0	0			0
6 Joel Friedman VP-Federal Fiscal Policy	(1)	186,664	350	0	12,465	679	200,158	0
	(11)	0	0	0	0	0	- 0	0
7 LaDonna Pavetti WP - Welfare Reform	(1)	175,265	350	0	10,854	21,916	208,385	0
	(11)	0	0	0	0			0
8 Judith Solomon VP - Health Policy	(1)	177,058	1,000	0	12,683	17,644	208,385	0
	(11)	0	0	0	0	- 0	- 0	0
9Charles MarrDirector	(1)	177,827	350	0	11,306	21,916	211,399	0
	(11)	0	0	0	0	- 0	0	0

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE M**

DLN: 93493319068466

Noncash Contributions

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

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

(Form 990)

► Attach to Form 990.

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

Internal Revenue Service

Employer identification number Name of the organization Center on Budget and Policy Priorities 52-1234565 Types of Property (b) (d) (a) (c) Number of contributions Method of determining Check Noncash contribution ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household 6 Cars and other vehicles . . 7 Boats and planes . . . Intellectual property . . 9 Securities-Publicly traded . Х 62,622 FMV **10** Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests . . Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures 14 Oualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles **19** Food inventory . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . **25** Other ▶ (__ **26** Other ▶ (_____) **27** Other▶(_____ **28** Other ▶ (_____) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . 30a Νo **b** If "Yes," describe the arrangement in Part II Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

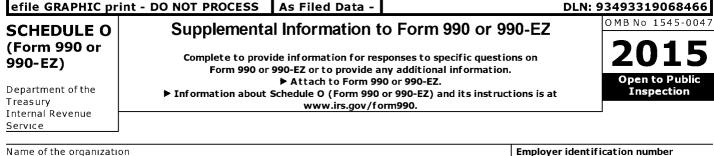
32a

Νo

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation



990 Schedule O, Supplemental Information

Center on Budget and Policy Priorities

990 Schedule O, Supplemental Information								
Return Reference Explanation								
Form 990, Part III, line 3	The Center spun-off its International Budget Partnership (IBP) during 2015. A separate 501(c)(3) entity was created to carry out this activity							
Form 990, Part VI, Section B, Inne 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							

52-1234565

990 Schedule O, Supplemental Information

ion levels

Return Reference

, , , , , , , , , , , , , , , , , , , ,	Conflict of interest forms are required to be completed annually by all staff and Board members. 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	The Board reviews and approves compensation of the President based on comparative data de

Explanation

Form 990, Part VI,
Section B, line 15

The Board review's 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 review's these compensation.

990 Schedule O, Supplemental Information Return Reference Explanation

·
The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request

Form 990. Part XI. line 9 Discontinued operations (Int'l Budget Partnership) -9,021,142