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Form	J	J	U

## \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

т

AF	or th	e 2020 calendar year, or tax year beginning and	ending	_	
B	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre	DC FISCAL POLICY INSTITUTE, INC.			
	Name			83-21039	18
	Initial		Room/suite	E Telephone numbe	r
	Final returr	1275 FIRST STREET, NE	1200	202-886-	
	termi ated			<b>G</b> Gross receipts \$	1,509,078.
	Amer	WASHINGION, DC 20002		H(a) Is this a group re	
	Appli tion pend			for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates ir	ncluded? Yes No
		empt status: 🗴 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 🛄 527	If "No," attach a	list. See instructions
-		te: WWW.DCFPI.ORG		H(c) Group exemptio	
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2018	A State of legal domicile: DC
Pa	art I	Summary	DOMORT		
e	1	Briefly describe the organization's mission or most significant activities: TO P	ROMOTE	DECENTION	Y AND
ano		WIDESPREAD PROSPERITY FOR ALL RESIDENTS			
Activities & Governance	2	Check this box   Check			ssets. 11
g	3	Number of voting members of the governing body (Part VI, line 1a)			11
õ	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
ties	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			11
tivi	6	Total number of volunteers (estimate if necessary)			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		
		Contributions and events (Dart )/III line 1b)		Prior Year 1,841,138.	Current Year 1,164,717.
Revenue	8	Contributions and grants (Part VIII, line 1h)		60,625.	341,500.
ver		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,145.	2,861.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,239.	2,001.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,904,147.	1,509,078.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,710.	49,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		662,169.	927,923.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		55,866.	82,875.
bei		Total fundraising expenses (Part IX, column (D), line 25) <b>230, 6</b>	54.	•	
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		243,269.	279,480.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		970,014.	1,339,778.
	19	Revenue less expenses. Subtract line 18 from line 12		934,133.	169,300.
or ces		·		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,717,538.	2,019,782.
t AS: d B	21	Total liabilities (Part X, line 26)		42,931.	168,463.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		1,674,607.	1,851,319.
		Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ERICA WILLIAMS, CURREN	T EXEC. DIRECTOR		Date
	Type or print name and title		Date	Check PTIN
Paid	Print/Type preparer's name MEENA BISHNOI	Preparer's signature Meuralsist	9.24	.21 if self-employed P01480769
Preparer	Firm's name 🕞 JM&M			Firm's EIN ▶ 52-1853933
Use Only	Firm's address 10500 LITTLE PAT			
	COLUMBIA, MD 210	44		Phone no.410-884-0220
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2020)
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	ENT CO	ONTINUATION

orm	DC FISCAL POLICY INSTITUTE, INC. 83-2103918	Pa
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO PROMOTE OPPORTUNITY AND WIDESPREAD PROSPERITY FOR ALL RESIDENTS	OF
	THE DISTRICT OF COLUMBIA THROUGH THOUGHTFUL POLICY SOLUTIONS.	01
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	s X
	If "Yes," describe these new services on Schedule O.	
3		s X
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	, and
4a	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 955,981. including grants of \$ 47,500.) (Revenue \$ 339,	0.0
та	POLICY SOLUTIONS: DCFPI INFLUENCES DC BUDGET AND POLICY DECISIONS	
	REDUCE POVERTY AND INCOME INEQUALITY AND TO GIVE RESIDENTS THE	
	OPPORTUNITY FOR A SECURE ECONOMIC FUTURE. DCFPI ACCOMPLISHES THIS	
	THROUGH RESEARCH AND ANALYSIS, ADVOCACY AND STRATEGIC PARTNERSHIPS	WI
	OTHER ORGANIZATIONS AND INDIVIDUALS.	
	(Code: ) (Expenses \$ 47,307. including grants of \$ 2,000.) (Revenue \$ 2,	,50
4b	(Code:       ) (Expenses \$ 47,307.       including grants of \$ 2,000.       ) (Revenue \$ 2,000.         OUTREACH:       IN ORDER TO ACCOMPLISH ITS MISSION, DCFPI ALSO FURTHERS V	
	TO MAKE DC PUBLIC SERVICES MORE EFFECTIVE AND TO ENSURE THE WORKING	
	DC GOVERNMENT ARE OPEN AND ACCOUNTABLE TO THE PUBLIC. THIS IS DONE	
	THROUGH DIRECT ENGAGEMENT WITH POLICYMAKERS, LEGISLATOR EMPLOYEE OF	FΑ
	LEGISLATIVE BODY; OR ANY OTHER GOVERNMENT EMPLOYEE WHO MAY PARTICIP	PAT
	IN THE FORMULATION OF LEGISLATION. SOMETIMES EMPLOYEES ALSO CONTACT	
	LEGISLATORS IN SUPPORT OF OR IN OPPOSITION TO LEGISLATION. GRASSROO	
	LOBBYING IS UNDERTAKEN TO ENCOURAGE THE PUBLIC TO CONTACT LEGISLATO	ORS
	ABOUT LEGISLATION.	
1c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
10		
4d	Other program services (Describe on Schedule O.)	
4.0	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ► 1,003,288.	
40	Total program service expenses ► 1,003,288.	000
0000		390
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10	922 793927 17696 2020.04020 DC FISCAL POLICY INSTITUTE, 176	96
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Part IV Checklist of Required Schedules

DC FISCAL POLICY INSTITUTE, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	~	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		- 23
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ū	Schedule D, Part III	8		x
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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	- 23	
Iza		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 23	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		х
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		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
_	complete Schedule G, Part III	19	ļ	X
	Did the organization operate one or more hospital facilities? <i>If</i> " <i>Yes</i> ," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		(2020)
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Form 990 (2	2020)	DC	FISCAL	POLICY	Ι
Part IV	Checklist	of Requir	ed Schedu	iles (continue	d)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			v
	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
04	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
~-	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		
30		36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4	:		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	990	(2020)

DC FISCAL POLICY INSTITUTE, INC.

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

032005 12-23-20

Form 990 (2020)
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DC FISCAL POLICY INSTITUTE, INC.

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

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

			1 1		Yes	1
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	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 on Schedule 0.	_	11			I
	Enter the number of voting members included on line 1a, above, who are independent	1b		-		l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					l
~	officer, director, trustee, or key employee?			2		ł
3	Did the organization delegate control over management duties customarily performed by or under th					l
	of officers, directors, trustees, or key employees to a management company or other person?			3		ł
	Did the organization make any significant changes to its governing documents since the prior Form 9			4		ł
5 6	Did the organization become aware during the year of a significant diversion of the organization's ass			6		ł
6 7a	Did the organization have members or stockholders?			0		ł
1 d	Did the organization have members, stockholders, or other persons who had the power to elect or ap			7a		l
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s			<u>/a</u>		ł
D	persons other than the governing body?			7b		l
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			10		t
		-	-	8a	Х	l
a h	The governing body?			8b	X	t
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			00		t
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					Ī
					Yes	T
0a	Did the organization have local chapters, branches, or affiliates?			10a		t
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					t
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х	t
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-	-			İ
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	I
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					Í
	in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?			13	Х	I
	Did the organization have a written document retention and destruction policy?			14	Х	ſ
5	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			ſ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					I
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		ſ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					ſ
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			I
	taxable entity during the year?			16a		ļ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					l
	exempt status with respect to such arrangements?			16b		l
	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed NONE					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (Section 501(c)(3	8)s only	r) avai	la
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy, ar	nd finar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records 🕨			
	ERICA WILLIAMS - 202-886-5174	000	2			
	1275 FIRST STREET, NE, NO. 1200, WASHINGTON, DC 2	000	4		000	_
				Form	990	(
2006	6 12-23-20			1 0111		

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	d
	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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

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

(A)	(B)		411120		C)	npoi	loui	(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more box, unless person officer and a direct				h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TARZA MITCHELL POLICY DIRECTOR	40.00					x		101,560.	0.	22,055.
(2) JACQUELYN LENDSEY, INTERIM	40.00			<u> </u>				101,500.		22,055.
EXECUTIVE DIRECTOR AS OF 3/2020	40.00			x				97,501.	0.	7,000.
(3) EDWARD B. LAZERE	40.00									
EXECUTIVE DIRECTOR UNTIL 03/2020		1		x				36,972.	0.	2,601.
(4) JUDITH SANDALOW	2.00									
CHAIR		X		Х				0.	0.	0.
(5) KATIA GARRET	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) JEROME PAIGE	2.00									
TREASURER		Х		х				0.	0.	0.
(7) RAJ AGGURWAL	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(8) PETER EDELMAN	1.00									0
DIRECTOR	1 0 0	X						0.	0.	0.
(9) MARIA GOMEZ	1.00	v						0.	0	0
DIRECTOR	1.00	X		—				0.	0.	0.
(10) KATHRYN GREENBERG DIRECTOR	1.00	x						0.	0.	0.
(11) IRIS LAV	1.00		-		-			0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(12) BERNICE K. MCINTYRE	1.00									
DIRECTOR		x						0.	0.	0.
(13) ANDY SHALLAL	1.00									
DIRECTOR		x						0.	0.	0.
(14) JOSLYN WILLIAMS	1.00									
DIRECTOR		X						0.	0.	0.
		-		-	-	-				
										<b>– – – – – – – – – –</b>

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Form 990 (2020)

	Form 990 (2020) DC FISCAL POLICY INSTITUTE, INC. 83-2103918 Page										age <b>8</b>			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	Name and title Average hours per week			iours per box, unless person is both an officer and a director/trustee)     compensation from     compensation from						(E) Reportable compensatio from related	on J	<b>(F)</b> Estimated amount of other		of
		(list any hours for related organizations below line)	or lie organization ( at lie organization ( at lie organization (			organization (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizatie	e ion ed				
	Subtotal								236,033.		0.	3	1,6	56.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A					I		0.		0.			0.
2	Total number of individuals (including but no compensation from the organization							io r	eceived more than \$100	),000 of reportab	le			1
3	Did the organization list any <b>former</b> officer,	-			•	-				2		0	Yes	No X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	le cc	ompe	ensa	atior	n and	otl		the organization		3		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue comper	nsati	ion f	rom	any	unr	elat	ed organization or indiv	idual for services	;	5		х
	tion B. Independent Contractors					1				\$100.000 of our		- 1'		
1	Complete this table for your five highest con the organization. Report compensation for t	•	•						n the organization's tax		ipens			
	(A) Name and business	address	NC	ONE	3			_	(B) Description of s	services	C	(C ompei		n
								_						
								-						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	nite	d to		se lis )	tec	d above) who received n	nore than		Form	900 //	2020/

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 Form 990 (2020)
 DC FISCAL POLICY INSTITUTE, INC.
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 Page 9

 Part VIII
 Statement of Revenue

			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
					(A)	(B)	(C)	<b>(D)</b> Revenue excluded
					Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
						lunction revenue	business revenue	sections 512 - 514
ts s	1	а	Federated campaigns 1a					
uni			Membership dues 1b					
ΩĘ					4			
Contributions, Gifts, Grants and Other Similar Amounts					4			
lia			Related organizations 1d		4			
Sin			Government grants (contributions) <b>1e</b>		4			
er		f	All other contributions, gifts, grants, and					
éfi				164,717.	-			
and the		g	Noncash contributions included in lines 1a-1f					
āČ		h	Total. Add lines 1a-1f	►	1,164,717.			
				Business Code				
e	2	а	CONTRACTUAL INCOME	990099	339,000.			
θŽ		b	PROGRAM INCOME	990099	2,500.	2,500.		
Program Service Revenue		с						
am		d						
- B G G		е						
Pre			All other program service revenue					
			Total. Add lines 2a-2f		341,500.			
	3	y	Investment income (including dividends, inter-		511/5000			
	3				2,861.			2,861.
			other similar amounts)		2,001.			2,001.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal	-			
	6	а	Gross rents 6a		4			
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	🕨				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis		1			
ne			and sales expenses 7b					
ther Revenue		с	Gain or (loss) 7c		1			
Be			Net gain or (loss)	►				
er			Gross income from fundraising events (not					
F	0	u						
Ŭ			contributions reported on line 1c). See					
			Part IV, line 18		4			
				<u></u>				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses9b					
		С	Net income or (loss) from gaming activities	🕨				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	1				
		b	Less: cost of goods sold 10k					
			Net income or (loss) from sales of inventory					
<u> </u>				Business Code				
Miscellaneous Revenue	11	а						
nue nue		b						
ella								
Be		c d						
Σ			All other revenue					
		e	Total. Add lines 11a-11d		1,509,078.	341,500.	0.	2,861.
	12		Total revenue. See instructions	····· <b>&gt;</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,000.	I 0.	-
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Part IX Statement of Functional Expenses

DC FISCAL POLICY INSTITUTE, INC.

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response	se or note to any line in	this Part IX		
Do not include amounts reported on lines 6b,	(A)	(B)	(C)	<b>(D)</b> Fundraising
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	49,500.	49,500.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors,				
trustees, and key employees	144,073.	121,022.	4,322.	18,729
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	3,450.		3,450.	
7 Other salaries and wages	618,287.	519,360.	18,549.	80,378.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	36,751.	30,871.	1,102.	4,778 7,922 8,375
9 Other employee benefits	60,936.	51,186.	1,828.	7,922
10 Payroll taxes	64,426.	54,118.	1,933.	8,375
<b>11</b> Fees for services (nonemployees):				
a Management				
<b>b</b> Legal	20 401		20 401	
c Accounting	39,421.		39,421.	
d Lobbying	00.075			00 000
e Professional fundraising services. See Part IV, line 17	82,875.			82,875.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,	20.020		17 100	
column (A) amount, list line 11g expenses on Sch 0.)	28,930.	11,750.	17,180.	4 250
12 Advertising and promotion	4,359.	22 510	1 502	4,359, 5,187,
13 Office expenses	40,292.	33,512.	1,593.	5,18/a
14 Information technology	15,330.	15,330.		
15 Royalties	120 020	100 007	2 0 2 5	17 000
16 Occupancy	130,830.	109,897.	3,925. 2,293.	17,008.
17 Travel	2,293.		2,293.	
<b>18</b> Payments of travel or entertainment expenses				
for any federal, state, or local public officials	2 050		2,050.	
19 Conferences, conventions, and meetings	2,050.		4,030.	
20 Interest				
21 Payments to affiliates	2 0 2 1	1,617.	141.	263.
22 Depreciation, depletion, and amortization	2,021. 5,999.	4,799.	420.	780.
23 Insurance	5,999.	4,199.	420.	700.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
amount, list line 24e expenses on Schedule 0.)	6,905.		6,905.	
a STAFF EXPENSES	724.		724.	
DILEC AND MEMDEDCUTD	326.	326.	/ 4 7 •	
· · · · · · · · · · · · · · · · · · ·	520•	520.		
d e All other expenses				
e All other expenses 25 Total functional expenses. Add lines 1 through 24e	1,339,778.	1,003,288.	105,836.	230,654
<b>26 Joint costs.</b> Complete this line only if the organization	1,000,1100	1,000,200.	103,030.	230,034
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here $\blacktriangleright$ if following SOP 98-2 (ASC 958-720)				
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33

Total liabilities and net assets/fund balances ...

1,717,538.

33

4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 5,198. 7,473. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 10,450. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 4,042. 8,429. 6,408. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 21,200. Other assets. See Part IV, line 11 21,200. 15 15 1,717,538. 2,019,782. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 55,736. 42,931. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 112,727. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 42,931. 168,463. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🛛 and complete lines 27, 28, 32, and 33. 321,831. 1,547,103. Net assets without donor restrictions 27 27 1,352,776. 304,216. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 1,674,607. 1,851,319. Total net assets or fund balances 32 32

DC FISCAL POLICY INSTITUTE, INC.

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

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(B)

End of year

1,781,278.

2,019,782.

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10,368.

195,330.

(A)

Beginning of year

441,610.

1,235,890.

2,936.

1

2

3

Form 990 (2020)
Part X Balance Sheet

1

2

3

Assets

-iabilities

Net Assets or Fund Balances

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Form	DC FISCAL POLICY INSTITUTE, INC.	83-21	03918	Pag	je <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,509		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,339		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,30	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,674		
5	Net unrealized gains (losses) on investments	5	-	7,41	12.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,851	L,31	19.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	1 on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form **990** (2020)

(Form	990	or	990-EZ
	550		

# 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.

OMB No. 1545-0047
2020
Open to Public Inspection

1

Department of Internal Reve	of the Treasury enue Service		► Go to www.irs.gov		Open to Public Inspection				
Name of	the organizati		- do to www.ii3.go			ne latest i	mormation.	Employer	identification number
Nume of	the organizati		TOCAL DOLT	CY INSTITUTE		ı			3-2103918
Part I	Reason						Soo instructio		5-2105910
	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
			-	on of churches describe			1)(A)(I).		
2				Attach Schedule E (Forn					
3	A hospital or	a cooperative	hospital service org	anization described in se	ection 170	)(b)(1)(A)(i	ii).		
4	A medical res	search organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	on 170(b)(1)(A	<b>A)(iii).</b> Enter	the hospital's name,
	city, and stat	:e:							
5	An organizat	ion operated fo	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	oed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	ate, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizat	ion that norma	ally receives a substa	antial part of its support f	from a gov	vernmenta	l unit or from	the general	public described in
	section 170(	(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community	/ trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultur	al research org	ganization described	l in section 170(b)(1)(A)(	(ix) operate	ed in conju	unction with a	a land-grant	college
	or university	or a non-land-g	grant college of agric	culture (see instructions).	. Enter the	name, cit	y, and state o	of the colleg	je or
	university:								
10	An organizat	ion that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from
				ct to certain exceptions;					
				e (less section 511 tax) fr					
			mplete Part III.)				,	5	,
11				sively to test for public sa	afetv. See	section 5	09(a)(4).		
12				sively for the benefit of, to				arry out the	e purposes of one or
				ed in <b>section 509(a)(1)</b> o					
				of supporting organizatio					
a				supervised, or controlled					<i>i</i> aivina
u				egularly appoint or elect a					
					a majonty				supporting
ь  —	-		complete Part IV, Se		tion with it	to ourport	od organizati	on(o) by be	wing
b 🗆				d or controlled in connec					
		-		anization vested in the s	ame perso	ons that co	Shtroi or man	age the sup	oponed
	-		t complete Part IV,						
с				g organization operated				ally integrate	ed with,
				s). You must complete I					
d 🗆				porting organization oper					
		•		zation generally must sa	•		-	nd an attent	liveness
				nplete Part IV, Sections					
e 🗆		•		written determination fro			а Туре I, Туре	e II, Type III	
				onally integrated support					<b></b>
_		-	n about the supporte	1	(iv) Ic the orac	anization listed			
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o	-	(vi) Amount of other
	organizatior	I		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
						1			

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Total

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2020.04020 DC FISCAL POLICY INSTITUTE, 17696\_1

Schedule A (Form 990 or 990-EZ) 2020

### Schedule A (Form 990 or 990-EZ) 2020 DC FISCAL POLICY INSTITUTE, INC.

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

(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.)

Sec	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				1841138.	1164717.	3005855.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				1841138.	1164717.	3005855.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						429,608.
6	Public support. Subtract line 5 from line 4.						2576247.
	ction B. Total Support	I					
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4				1841138.	1164717.	3005855.
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				1,145.	2,861.	4,006.
9	Net income from unrelated business					_,	_,
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)				1,239.		1,239.
44	Total support. Add lines 7 through 10						3011100.
	Gross receipts from related activities,	etc. (see instructi				12	402,125.
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax			
10	organization, check this box and stop						X
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2020 (			column (f))		14	%
	Public support percentage from 2019					15	<u> </u>
	33 1/3% support test - 2020. If the c						
100	stop here. The organization qualifies						
h	<b>33 1/3% support test - 2019.</b> If the c						
	and stop here. The organization qual						
17-	10% -facts-and-circumstances tes						
110	and if the organization meets the fact						
	-			-	-	-	
L.	meets the facts-and-circumstances te	-		• • • •	-	17a, and lina 15 is	
C	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						
10	organization meets the facts-and-circ		•	•			
10	Private foundation. If the organization	in dia not check a		a, 100, 17à, 0f 17		and see instruction	

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

#### Schedule A (Form 990 or 990-EZ) 2020 DC FISCAL POLICY INSTITUTE, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20 (f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per- formed, 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 bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization'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			1	1	1		
	Amounts included on lines 1, 2, and			1				
	3 received from disqualified persons							
h	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year		1					
	Public support. (Subtract line 7c from line 6.)							
	indar year (or fiscal year beginning in)	(-) 0010	(1-) 0017	(-) 0010	(4) 0010	(-) 000		
	· · · · · · · · ·	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20 (f) Total	
	Amounts from line 6							
Ua	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
1	Net income from unrelated business							
	activities not included in line 10b, whether or not the business is							
	regularly carried on							
2	Other income. Do not include gain							
	or loss from the sale of capital							
3	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)			1	l	1		
	First 5 years. If the Form 990 is for th	e organization's f	I irst second third	fourth or fifth tax	vear as a section	501(c)(3) or		
Ċ	check this box and <b>stop here</b>	o organization o r						
e	ction C. Computation of Publi	c Support Pe						_
	Public support percentage for 2020 (li			column (f))		15		%
16			•			16		%
	ction D. Computation of Inves			······				70
	•		¥			17		0/
	Investment income percentage for 20							%
	Investment income percentage from 2					18		%
92	<b>33 1/3% support tests - 2020.</b> If the							
	more than 33 1/3%, check this box ar						►L	
b	<b>33 1/3% support tests - 2019.</b> If the							
	line 18 is not more than 33 1/3%, che						Г	$\dashv$
0	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t				
20	23 01-25-21			1 -	Sch	edule A (Fo	orm 990 or 990-EZ) 2	2020
	)922 793927 17696			15	B 6 B		TE, 17696	4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **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.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 I of Schedule L (Form 990 or 990-EZ).
- **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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) 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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **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.)

032024 01-25-21

13010922 793927 17696

Schedule A (Form 990 or 990-EZ) 2020

16

#### Schedule A (Form 990 or 990-EZ) 2020 DC FISCAL POLICY INSTITUTE, INC.

1

2

			Yes	No
11	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 lines 11b and			
	11c below, the governing body of a supported organization? 1	l1a		
b	A family member of a person described in line 11a above?	l1b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		1
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
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 have accuration and handlit convict out the purposes of the supported experimental () that experted	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	туре п	Supporting	Organizations	

Part IV Supporting Organizations (continued)

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1
 1
 1

 Section D. All Type III Supporting Organizations
 1
 1
 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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 line 2, above, 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 satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** \_\_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" 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.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

13010922 793927 17696

2020.04020 DC FISCAL POLICY INSTITUTE, 17696\_\_1

### Schedule A (Form 990 or 990-EZ) 2020 DC FISCAL POLICY INSTITUTE, INC.

#### 83-2103918 Page 6

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	short-term capital gain	1		
2 Reco	overies of prior-year distributions	2		
3 Othe	er gross income (see instructions)	3		
	lines 1 through 3.	4		
5 Depr	reciation and depletion	5		
6 Porti	ion of operating expenses paid or incurred for production or			
colle	ction of gross income or for management, conservation, or			
main	tenance of property held for production of income (see instructions)	6		
	er expenses (see instructions)	7		
8 Adju	isted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggr	regate fair market value of all non-exempt-use assets (see			
instr	uctions for short tax year or assets held for part of year):			
a Aver	age monthly value of securities	1a		
<b>b</b> Aver	age monthly cash balances	1b		
<b>c</b> Fair i	market value of other non-exempt-use assets	1c		
d Tota	I (add lines 1a, 1b, and 1c)	1d		
e Disc	ount claimed for blockage or other factors			
(expl	lain in detail in <b>Part VI</b> ):			
<b>2</b> Acqu	uisition indebtedness applicable to non-exempt-use assets	2		
3 Subt	tract line 2 from line 1d.	3		
4 Cash	n deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see i	instructions).	4		
5 Net v	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mult	iply line 5 by 0.035.	6		
7 Reco	overies of prior-year distributions	7		
8 Mini	mum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adju	sted net income for prior year (from Section A, line 8, column A)	1		
2 Ente	r 0.85 of line 1.	2		
3 Minir	mum asset amount for prior year (from Section B, line 8, column A)	3		
4 Ente	r greater of line 2 or line 3.	4		
5 Inco	me tax imposed in prior year	5		
6 Dist	ributable Amount. Subtract line 5 from line 4, unless subject to			
emei	rgency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integra	ated Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

## Schedule A (Form 990 or 990 EZ) 2020 DC FISCAL POLICY INSTITUTE, INC.

Par	t v Type III Non-Functionally integrated 509	value supporting Orga	anizations (contin	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 DC					83-2103918	Page 8
Part VI Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines Section D, lines 5, 6, and 8; an	<b>on.</b> Provide the ex o, 3c, 4b, 4c, 5a, 6, 2 and 3; Part IV, Se	xplanations r , 9a, 9b, 9c, 1 ection E, lines	equired by Part II, lin I1a, 11b, and 11c; Pa s 1c, 2a, 2b, 3a, and 3	e 10; Part II, line 17a or art IV, Section B, lines 1 3b; Part V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Sectior , Section B, line 1e; Pa	יים פער גער גער גער גער גער גער גער גער גער ג
(See instructions.)						

#### SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

#### DISCOUNTS

2019 AMOUNT: \$ 1,239.

032028 01-25-21

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury

** PUBLIC DISCLOSURE COPY
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### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Internal Revenue Service		
Name of the organization		Employer identification numbe
DC	FISCAL POLICY INSTITUTE, INC.	83-2103918
Organization type (check or	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
For an organization	filing Form 990, 990-FZ, or 990-PE that received during the year, contributions totaling	1 \$5 000 or more (in money or

ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... 🕨 \$ \_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

83-2103918

#### DC FISCAL POLICY INSTITUTE, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 1 Person Payroll 268,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Х Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 97,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 80,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Payroll 90,000. Noncash \$ (Complete Part II for noncash contributions.) 023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

13010922 793927 17696

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2020.04020 DC FISCAL POLICY INSTITUTE, 17696\_\_1

Employer identification number

83-2103918

#### DC FISCAL POLICY INSTITUTE, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

			1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>131,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>25,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11			Person X
		\$25,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	Noncash (Complete Part II for noncash contributions.) (d)
(a) No. 12	Name, address, and ZIP + 4	(c) Total contributions \$90,000.	Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

23 2020.04020 DC FISCAL POLICY INSTITUTE, 17696\_1

Name of organization

Employer identification number

DC FISCAL POLICY INSTITUTE, INC.

83-2103918

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$29,049.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

24 2020.04020 DC FISCAL POLICY INSTITUTE, 17696\_1

Employer identification number

83-2103918

#### DC FISCAL POLICY INSTITUTE, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

13010922 793927 17696

25 2020.04020 DC FISCAL POLICY INSTITUTE, 17696\_1

	B (Form 990, 990-EZ, or 990-PF) (2020)		Page
Name of o	organization		Employer identification number
	SCAL POLICY INSTITUTE, I		83-2103918
Part III	from any one contributor. Complete columns (a) t	through (e) and the following line e	section 501(c)(7), (8), or (10) that total more than \$1,000 for the ye ntry. For organizations
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional s	naritable, etc., contributions of <b>\$1,000 o</b>	r less for the year. (Enter this info. once.) ► \$
(a) No. from		•	(d) Decoription of how sift is hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, and	d 7IP ± 4	Relationship of transferor to transferee
			1
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Farti			
		(e) Transfer of gi	ift
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
		(e) transfer of g	int.
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		(0) 000 01 girt	
		(e) Transfer of gi	ift
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
	numbro of 5 numbro udur 655, am		
023454 11-2	25-20	26	Schedule B (Form 990, 990-EZ, or 990-PF) (202
10922	2 793927 17696 2		SCAL POLICY INSTITUTE, 176961

SCHEDULE C	Pol	litical Campaign a	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990 or 990-EZ)						
	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.					
Department of the Treasury Internal Revenue Service						Open to Public Inspection
		res			\$	
3 Volunteer hours for	political campaig	n activities				
Part I-B Comple	ete if the orga	nization is exempt und	er section 501(c)(	(3).		
		ncurred by the organization und			►\$	
		ncurred by organization manage				
		4955 tax, did it file Form 4720 f				Yes No
						Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt und	er section 501(c).	except section 5	01(c)(3)	-
		by the filing organization for sec			► \$	•
		ation's funds contributed to oth			• <u> </u>	
exempt function ac	tivities		-		\$	
3 Total exempt functi	ion expenditures.	Add lines 1 and 2. Enter here a	nd on Form 1120-POL,			
					►\$	
		120-POL for this year?				Yes No
made payments. Fo contributions receiv political action com	or each organization ved that were pro- nmittee (PAC). If ac	bloyer identification number (EIN on listed, enter the amount paic mptly and directly delivered to a dditional space is needed, provi	d from the filing organiz a separate political organized information in Part	zation's funds. Also ente anization, such as a sep IV.	er the am parate seg	ount of political gregated fund or a
(a) Name	(a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0       (e) Amount of political contributions received a promptly and directly delivered to a separat political organization If none, enter -0					ributions received and romptly and directly livered to a separate olitical organization.
For Paperwork Reducti	ion Act Notice, so	ee the Instructions for Form 9	90 or 990-EZ.	Schedul	le C (Forr	n 990 or 990-EZ) 2020
LHA				Concidu		

#### 032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 $ ilde{D}$						103918 Page 2
Part II-A Complete if the orga	anizatior	n is exe	mpt under sectio	on 501(c)(3) and fil	ed Form 5768 (e	lection under
section 501(h)).						
				n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and share			• •			
B Check ▶ if the filing organization	on checke	d box A a	nd "limited control" pro	ovisions apply.		1
	s on Lobby tures" me	• •	nditures unts paid or incurred.	)	<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public	opinion (	(grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influe						
c Total lobbying expenditures (add lin						
d Other exempt purpose expenditures						
e Total exempt purpose expenditures						
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) or			bying nontaxable am			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000,	,000	\$100,00	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50		\$175,000 plus 10% of the excess over \$1,000,000.				
Over \$1,500,000 but not over \$17,0						
Over \$17,000,000	\$1,000,000.					
	I	,				
g Grassroots nontaxable amount (ente	er 25% of	ine 1f)				
h Subtract line 1g from line 1a. If zero	or less, en	ter -0-				
i Subtract line 1f from line 1c. If zero	or less, ent	er -0-				
j If there is an amount other than zero						•
reporting section 4911 tax for this y					[	Yes No
	4	-Year Ave	eraging Period Under	Section 501(h)		
(Some organizations that			01(h) election do not ate instructions for li		of the five columns b	elow.
		· ·	nditures During 4-Ye	• •		
	LODDy					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 20	)17	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

#### Schedule C (Form 990 or 990-EZ) 2020 DC FISCAL POLICY INSTITUTE, INC.

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(k	)
of the lobbying activity.	Yes	No	Amo	ount
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:				
		х		
<ul> <li>a Volunteers?</li> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> </ul>	X			
c Media advertisements?		X		
d Mailings to members, legislators, or the public?	X		35	5,805.
e Publications, or published or broadcast statements?		X		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		12	2,253.
<ul> <li>b Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> </ul>		X		1/2001
		X		
		21	48	3,058.
<ul> <li>j Total. Add lines 1c through 1i</li> <li>2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</li> </ul>		X		,,,,,,,,
<ul> <li>b If "Yes," enter the amount of any tax incurred under section 4912</li> </ul>				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
501(c)(6).			Yes	No
			165	NO
<ol> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the encodeductible system of the encodeductible by members?</li> </ol>				
<ul> <li>2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>2 Did the organization equation of a part of the organization equation of the organization of the</li></ul>				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from th Part III-B Complete if the organization is exempt under section 501(c)(4), section		-	ction	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3, is
answered "Yes."		( )	,	,
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
<b>b</b> Carryover from last year				
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
expenditure next year?		4		
<ul> <li>5 Taxable amount of lobbying and political expenditures (See instructions)</li> </ul>				
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part I	I-A. lines 1 a	and 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:			·	
IN ORDER TO ACCOMPLISH ITS MISSION, DCFPI FURTHERS WA	YS TO	MAKE	DC	
PUBLIC SERVICES MORE EFFECTIVE AND TO ENSURE THE WORK	INGS (	OF DC		
GOVERNMENT ARE OPEN AND ACCOUNTABLE TO THE PUBLIC. TH	IS IS	DONE	THROUG	H
DIRECT ENGAGEMENT WITH POLICYMAKERS, LEGISLATOR EMPLO	YEE OI	F A		
LEGISLATIVE BODY; OR ANY OTHER GOVERNMENT EMPLOYEE WH				
	Schedu	ile C (Form	990 or 990	J-EZ) 2020
032043 12-02-20 <b>29</b>				

Schedule C	(Form 990 or 990-EZ) 2020 DC	FISCAL	POLICY	INSTITUTE,	INC.	
Part IV	Supplemental Information	on (continued)	)			

IN THE FORMULATION OF LEGISLATION. SOMETIMES EMPLOYEES ALSO CONTACT

LEGISLATORS IN SUPPORT OF OR IN OPPOSITION TO LEGISLATION. GRASSROOT

LOBBYING IS UNDERTAKEN TO ENCOURAGE THE PUBLIC TO CONTACT LEGISLATORS

ABOUT LEGISLATION.

Schedule C (Form 990 or 990-EZ) 2020

032044 12-02-20

**SCHEDULE D** 

Department of the Treasury

Internal Revenue Service

(Form 9	990)
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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.

Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

DC FISCAL POLICY INSTITUTE, INC. Employer identification number 83-2103918

r)	I?         grant funds can be use         r any other purpose con         Yes" on Form 990, Part         Jy).         Preservation of a hi         Preservation of a contribution in the form of a         tribution in the form of a         con a historic structure	Yes         ad only         iferring         IV, line 7.         istorically important land area         ertified historic structure         conservation easement on the las         Held at the End of the Tax 1            2b               2c
ar)	I?         grant funds can be use         r any other purpose con         Yes" on Form 990, Part         Jy).         Preservation of a hi         Preservation of a contribution in the form of a         tribution in the form of a         con a historic structure	Yes         ad only         iferring         IV, line 7.         istorically important land area         ertified historic structure         conservation easement on the las         Held at the End of the Tax 1            2b               2c
or advisors in writing that the assets organization's exclusive legal contro s, and donor advisors in writing that of the donor or donor advisor, or for plete if the organization answered " the organization (check all that app cample, recreation or education)	I?         grant funds can be use         r any other purpose con         Yes" on Form 990, Part         Jy).         Preservation of a hi         Preservation of a contribution in the form of a         tribution in the form of a         con a historic structure	Yes         ad only         iferring         IV, line 7.         istorically important land area         ertified historic structure         conservation easement on the las         Held at the End of the Tax 1            2b               2c
or advisors in writing that the assets organization's exclusive legal contro s, and donor advisors in writing that of the donor or donor advisor, or for plete if the organization answered " the organization (check all that app cample, recreation or education)	I?         grant funds can be user         r any other purpose con         Yes" on Form 990, Part         Jy).         Preservation of a hi         Preservation of a contribution in the form of a         tribution in the form of a         con a historic structure	Yes         ad only         iferring         IV, line 7.         istorically important land area         ertified historic structure         conservation easement on the las         Held at the End of the Tax 1            2b               2c
or advisors in writing that the assets organization's exclusive legal contro s, and donor advisors in writing that of the donor or donor advisor, or for plete if the organization answered "" the organization (check all that app cample, recreation or education)	I?         grant funds can be user         r any other purpose con         Yes" on Form 990, Part         Jy).         Preservation of a hi         Preservation of a contribution in the form of a         tribution in the form of a         con a historic structure	Yes         ad only         iferring         IV, line 7.         istorically important land area         ertified historic structure         conservation easement on the las         Held at the End of the Tax 1            2b               2c
s, and donor advisors in writing that of the donor or donor advisor, or for <u>plete if the organization answered</u> " the organization (check all that app cample, recreation or education)	grant funds can be use r any other purpose con Yes" on Form 990, Part ly). Preservation of a hi Preservation of a co tribution in the form of a	ed only iferring IV, line 7. Storically important land area ertified historic structure conservation easement on the las Held at the End of the Tax 1 2a 2b 2c
s, and donor advisors in writing that of the donor or donor advisor, or for <u>plete if the organization answered</u> " the organization (check all that app cample, recreation or education)	grant funds can be use r any other purpose con Yes" on Form 990, Part ly). Preservation of a hi Preservation of a co tribution in the form of a	ed only iferring IV, line 7. Storically important land area ertified historic structure conservation easement on the las Held at the End of the Tax 1 2a 2b 2c
of the donor or donor advisor, or for plete if the organization answered "` the organization (check all that app cample, recreation or education)	r any other purpose con Yes" on Form 990, Part My). Preservation of a hi Preservation of a co tribution in the form of a	Iferring IV, line 7. ISSTORICALLY IMPORTANT LAND AREA INTERPORTANT TION AREA INTERPORTANT
plete if the organization answered " the organization (check all that app ample, recreation or education)	Yes" on Form 990, Part hy). Preservation of a hi Preservation of a co tribution in the form of a con a historic structure	IV, line 7. istorically important land area ertified historic structure conservation easement on the las Held at the End of the Tax Y 2a 2b 2c
the organization (check all that app cample, recreation or education)	hy). Preservation of a hi Preservation of a co tribution in the form of a con a historic structure	istorically important land area ertified historic structure conservation easement on the las Held at the End of the Tax 1 2a 2b 2c
ample, recreation or education)	Preservation of a hi Preservation of a co tribution in the form of a	ertified historic structure         conservation easement on the las         Held at the End of the Tax 1         2a            2b            2c
n held a qualified conservation cont nents ed historic structure included in (a) n (c) acquired after 7/25/06, and not	Preservation of a contribution in the form of a	ertified historic structure         conservation easement on the las         Held at the End of the Tax 1         2a            2b            2c
nents ed historic structure included in (a) n (c) acquired after 7/25/06, and not	tribution in the form of a	conservation easement on the las         Held at the End of the Tax h         2a            2b            2c
nents ed historic structure included in (a) n (c) acquired after 7/25/06, and not	on a historic structure	Held at the End of the Tax 2a 2b 2c
nents ed historic structure included in (a) n (c) acquired after 7/25/06, and not	on a historic structure	Held at the End of the Tax 2a 2b 2c
nents ed historic structure included in (a) n (c) acquired after 7/25/06, and not	on a historic structure	2a 2b 2c
nents ed historic structure included in (a) n (c) acquired after 7/25/06, and not	on a historic structure	2b 2c
nents ed historic structure included in (a) n (c) acquired after 7/25/06, and not	on a historic structure	2b 2c
ed historic structure included in (a) n (c) acquired after 7/25/06, and not	on a historic structure	2c
n (c) acquired after 7/25/06, and not	on a historic structure	
		2d
nservation easement is located		
arding the periodic monitoring, insp	ection, handling of	
n easements it holds?		Yes
g, inspecting, handling of violations		
g, moposting, narialing of thelations	, and officially concorv	
specting, handling of violations, and	enforcing conservation	easements during the year
	g concernation	
line 2(d) above satisfy the requirem	nents of section 170(h)(4	4)(B)(i)
() , 1		
	Freasures, or Othe	er Similar Assets.
	,	
	revenue statement and	balance sheet works
		ance sheet works of
		¢
		ווו, אוטאומפ
-		•
		Schedule D (Form 990) 2
	orts conservation easements in its re- ext of the footnote to the organization ements. Ilections of Art, Historical 'Yes" on Form 990, Part IV, line 8. FASB ASC 958, not to report in its the held for public exhibition, education to to its financial statements that FASB ASC 958, to report in its rever- held for public exhibition, education a items: ne 1 t, historical treasures, or other similar under FASB ASC 958 relating to the	Ilections of Art, Historical Treasures, or Other 'Yes" on Form 990, Part IV, line 8. FASB ASC 958, not to report in its revenue statement and its held for public exhibition, education, or research in further note to its financial statements that describes these items. FASB ASC 958, to report in its revenue statement and bala held for public exhibition, education, or research in further a items: ne 1 t, historical treasures, or other similar assets for financial ga under FASB ASC 958 relating to these items:

	dule D (Form 990) 2020 DC FISC.	AL POLICY				or Othe		3-21 r Asse			.ge <b>2</b>
3	Using the organization's acquisition, accessi								QCONTIN	ucu)	
Ŭ	collection items (check all that apply):		13, 01001	it any of the	Tollowing the	at mane of	grinicarit c	130 01 113			
а	Public exhibition	d		l oan or exc	hange progra	am					
b	Scholarly research	e			nango progr						
c	Preservation for future generations	J									
4	Provide a description of the organization's co	ollections and explai	n how th	nev further t	he organizati	ion's exen	not purpos	se in Par	XIII		
5	During the year, did the organization solicit o								,		
•	to be sold to raise funds rather than to be ma		,		,				Yes		No
Pa	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Par	-		5			,	,	,		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	is or other as	ssets not i	ncluded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	U U						Amount		
с	Beginning balance						. 1c				
d Additions during the year 1d											
f	Ending balance										
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	ount liabili	ty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Pa	Tt V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on Fo							
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back (	<b>d)</b> Three ye	ars back	(e) Four	years l	Jack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment										
с		%									
-	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	e organiza	ation	г	. 1	
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
	t VI Land, Buildings, and Equipm		owment	tunas.							
Fai	Complete if the organization answere			/ line 11e C	Soo Earm 000		lino 10				
			<u> </u>					4			
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)		cumulated reciation	4	(d) Bool	value	;
1a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment				9,250.		3,70		ļ	5,55	
	Other				1,200.		34	2.			58.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	0c.)					5,4(	18.

Schedule D (Form 990) 2020

032052 12-01-20

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	a-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	()	(-,	····
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		1	
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)		
Part X Other Liabilities.	0 10.7		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of lightlift	01110111000,1 4111, 1110		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial statements	that reports the

13010922 793927 17696

-aplata if the organizatio 

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

(a) Description	(b) BOOK Value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Da	edule D (Form 990) 2020 DC FISCAL POLICY INSTIT				2103918 <sub>Pa</sub>	ige <b>4</b>
га	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per R	eturr	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,516,49	90.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	7,412.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	7,41	12.
3	Subtract line 2e from line 1			3	1,509,07	78.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				_
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,509,07	78.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With	Expenses per	Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.				
1						
	Total expenses and losses per audited financial statements			1	1,339,77	78.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	1,339,77	78.
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1	1,339,77	78.
_	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1	1,339,77	78.
a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b		1	1,339,77	78.
a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	1,339,77	
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d		1 2e		0.
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		-	1,339,77	0.
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d		2e		0.
a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d		2e		0.
a b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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	2a 2b 2c 2d 2d		2e		<u>0.</u> 78.
a b c d e 3 4 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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	2a 2b 2c 2d 2d 4a 4b		2e 3 4c	1,339,77	0. 78. 0.
a b c 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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 Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18</i> )	2a 2b 2c 2d 2d 4a 4b		2e 3		0. 78. 0.
a b c 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> 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 Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	2a 2b 2c 2d 2d 4a 4b		2e 3 4c	1,339,77	0. 78. 0.

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.

#### PART X, LINE 2:

DCFPI B	BELIEVES	THAT	IT	HAS	APPROPRIATE	SUPPORT	FOR	ANY	TAX	POSITIONS
---------	----------	------	----	-----	-------------	---------	-----	-----	-----	-----------

TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE

MATERIAL TO THE FINANCIAL STATEMENTS OR THAT WOULD HAVE AN EFFECT ON ITS

TAX-EXEMPT STATUS. THERE ARE NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES

THAT NEED TO BE RECORDED.

032054 12-01-20

SCHEDULE G	Suppleme	ental Information Regardin	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-E	or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury		Attach to Form 99	0 or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for ins	truction	s and	the latest informat	ion.		Inspection
Name of the organizat	83-2103	ridentification number 03918						
		Complete if the organization answ	vered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
·	to complete this participation rai	rt. sed funds through any of the follow	vina ooti	vition	Chook all that apply			
a Mail solici	0	· · · ·	0		overnment grants	•		
	nd email solicitation			-	nment grants			
c 📃 Phone so	licitations	g 🔀 Specia	al fundra	ising	events			
-	solicitations							
•		or oral agreement with any individu	•	•			s, or X Yes	
• • •		Part VII) or entity in connection with ividuals or entities (fundraisers) pure			-			
	t least \$5,000 by the		Suarit to	ayree				
· .	· , <b>,</b>						A 1 1	
(i) Name and add	ress of individual	(ii) Activity	(iii) fundr have c	Did aiser	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid to (or retained by)
or entity (fu	undraiser)	(iii) Activity	or con contrib	trol of	from activity		fundraiser ted in col. (i)	organization
FOTI CREATIVE -	3817	FUNDRAISING COUNSEL AND	Yes	No				
LARCHWOOD ROAD,		PLAN IMPLEMENTATION	100	X	0.		88,875.	-88,875.
,	,						, .	
			_					
			_					
			_					
			<b>I</b>					
Total							88,875.	-88,875.
	which the organization	on is registered or licensed to solici	t contrib	ution	s or has been notified	d it is	exempt from r	egistration
or licensing.								
		tice, see the Instructions for Form FOR CONTINUATIONS	ו 990 or	990-1	EZ. 9	Sche	dule G (Form 9	90 or 990-EZ) 2020
032081 11-25-20								

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

									3	5 . ,
			(a) Event #1			(b) Event #			Other events	(d) Total events (add col. (a) through col. (c))
he			(event type)			(event type	e)	(to	tal number)	
Revenue	1	Gross receipts								
	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)								
		Cash prizes								
s	5	Noncash prizes								
Direct Expenses	6	Rent/facility costs								
Direct E	7	Food and beverages								
	8	Entertainment								
	9	Other direct expenses								
	10	Direct expense summary. Add lines 4 through							►	
Pa	11	Net income summary. Subtract line 10 from li				Dent N/ Ker				
Га		<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on I	-orm	1990	Part IV, line	e 19, or	reporte	d more than	
		+ · · · · · · · · · · · · · · · · · · ·			(b	) Pull tabs/ins	stant	(-) (		(d) Total gaming (add
Revenue			(a) Bingo		bing	o/progressive	e bingo	(c) (	Other gaming	col. (a) through col. (c))
ш	1	Gross revenue								
ses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses								
			Yes	%		Yes	%	<b>Y</b>	es %	
	6	Volunteer labor	Νο			No		N	0	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)						►	
	8	Net gaming income summary. Subtract line 7	from line 1. column	(d)						
	-	Hot gaming moome canmary. Castract mer		(0)						I
9	Ent	ter the state(s) in which the organization condu	icts gaming activitie	s:						
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of th	iese	state	s?				Yes No
b	lf "	No," explain:								
10a	We	ere any of the organization's gaming licenses re	evoked, suspended.	or te	ermin	ated during	the tax	vear?		Yes No
		If "Yes," explain:								
03208	82 11	1-25-20						;	Schedule G (Fo	rm 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 DC FISCAL POLICY INSTITUTE, INC. 83-2	2103918	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	10.0	,,,
•••			
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
с	If "Yes," enter name and address of the third party:		
-	······································		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year <b>&gt;</b> \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	s:	
(I	) NAME OF FUNDRAISER: FOTI CREATIVE		
<u> </u>			
(I	) ADDRESS OF FUNDRAISER: 3817 LARCHWOOD ROAD, FALLS CHURCH, VA	2204	1
0320	33 11-25-20 Schedule G (Forn 37	n 990 or 990	-EZ) 2020

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Part IV Supplemental Information (continued)	
	Schedule G (Form 990 or 990-EZ)

13010922 793927 17696

Schedule G (Form 990 or 990-EZ)

83-2103918 Page 4

EDULT         Grants and Other Assistance to Organizations, concernments, and Other Assistance (Organizations, concernments, and Other Assistance).         Descriptions         Descriptions <thdescriptions< th="">         Descriptions</thdescriptions<>

032101 11-02-20

39

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **2020**Open to Public
Inspection

DC FISCAL POLICY INSTITUTE, INC.

Employer identification number 83 - 2103918

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

THROUGH THOUGHTFUL POLICY SOLUTIONS.

FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD MAY APPOINT AN EXECUTIVE COMMITTEE WHICH, IN THE PERIOD BETWEEN MEETINGS OF THE BOARD, SHALL HAVE AND EXERCISE ALL THE POWERS AND DUTIES OF THE BOARD. THE EXECUTIVE COMMITTEE SHALL CONSIST OF NO FEWER THAN TWO (2) MEMBERS, ALL OF WHOM ARE DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR WILL REVIEW THE FORM 990, AND THEN IT WILL BE

SUBMITTED TO THE ENTIRE BOARD FOR REVIEW BEFORE IT IS SIGNED BY THE

EXECUTIVE DIRECTOR AND FINALIZED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 15A:

TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE

PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS

TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED OF EXECUTIVE

COMPENSATION. THE PERIODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE WHETHER

COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT

SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING.

FORM 990, PART VI, SECTION C, LINE 19:

DCFPI MAKES ITS ORGANIZATIONAL DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20

13010922 793927 17696

41 0 DC FT

2020.04020 DC FISCAL POLICY INSTITUTE, 17696\_\_1

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

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Form	J	J	U

### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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1,509,078.

11

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13

11

0.

0.

0.

0.

1,164,717. 341,500.

2,861.

49,500.

927,923.

		of the Treasury enue Service	e made public. information.	Open to Public Inspection		
			lar year, or tax year beginning and ending			
В	Check if applicat	ble: C Name o	Name of organization D Employer identification number			
	Addr chan		ISCAL POLICY INSTITUTE, INC.			
	chan	ge Doing b	usiness as	83-2103918		
	returi Final returi	Numbe n/ 1275	and street (or P.O. box if mail is not delivered to street address) Room/suite <b>FIRST STREET</b> , <b>NE</b> 1200	202-886-5174		
	termin- ated City or town, state or province, country, and ZIP or foreign postal code				1,509,078 return	
	Appli tion pend	F Name a	nd address of principal officer: ERICA WILLIAMS	for subordinates	es? Yes X No	
<u> </u>	Tay.o	kempt status:			a list. See instructions	
				H(c) Group exempt		
					M State of legal domicile: DC	
	art I					
Activities & Governance	1		be the organization's mission or most significant activities: TO PROMOTE	OPPORTUNI	FY AND	
		WIDESPF	EAD PROSPERITY FOR ALL RESIDENTS OF THE	DISTRICT	OF COLUMBIA	
	2	Check this bo	x ▶	than 25% of its net	assets.	
	3	Number of vo	ting members of the governing body (Part VI, line 1a)			
	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)			
	5	Total number	of individuals employed in calendar year 2020 (Part V, line 2a)			
	6	Total number	of volunteers (estimate if necessary)			
Acti	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0	
Revenue				Prior Year	Current Year	
	8	Contributions	and grants (Part VIII, line 1h)	1,841,138		
	9	-	ice revenue (Part VIII, line 2g)	60,625	=	
	10		come (Part VIII, column (A), lines 3, 4, and 7d)	1,145		
_	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,239		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,904,147		
	13		milar amounts paid (Part IX, column (A), lines 1-3)	8,710		
	14		to or for members (Part IX, column (A), line 4)	0		
nses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	662,169		
nse	16a	Professional	undraising fees (Part IX, column (A), line 11e)	55,866	. 82,875	

nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	55,866.	82,875.
Expe	b	Total fundraising expenses (Part IX, column (D), line 25) > 230, 654.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	243,269.	279,480.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	970,014.	1,339,778.
	19	Revenue less expenses. Subtract line 18 from line 12	934,133.	169,300.
or ces			Beginning of Current Year	End of Year
t Assets d Balanc	20	Total assets (Part X, line 16)	1,717,538.	2,019,782.
	21	Total liabilities (Part X, line 26)	42,931.	168,463.
		Net assets or fund balances. Subtract line 21 from line 20	1,674,607.	1,851,319.
0				

#### Part II Signature Block

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

Sign Here       Signature of officer       Date         ERICA WILLIAMS, CURRENT EXEC. DIRECTOR         Type or print name and title								
Paid	Print/Type preparer's name     Preparer's signature     Date     Check if self-employed     PTIN       Paid     MEENA BISHNOI     PO1480769							
Preparer	Firm's name 🕞 JM&M		Firm's EIN 52-1853933					
Use Only Firm's address 10500 LITTLE PATUXENT PARKWAY, SUITE 770								
	COLUMBIA, MD 21044 Phone no.410-884-0220							
May the IRS discuss this return with the preparer shown above? See instructions								
032001 12-2	3-20 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.	Form <b>990</b> (2020)					
S	SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION							

	DC FISCAL POLICY INSTITUTE, INC. 83-2103918 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE OPPORTUNITY AND WIDESPREAD PROSPERITY FOR ALL RESIDENTS OF THE DISTRICT OF COLUMBIA THROUGH THOUGHTFUL POLICY SOLUTIONS.
	THE DISTRICT OF COLOMBIA THROUGH THOUGHTFOL FOLICT SOLUTIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 955,981. including grants of \$ 47,500.) (Revenue \$ 339,000.) POLICY SOLUTIONS: DCFPI INFLUENCES DC BUDGET AND POLICY DECISIONS TO
	REDUCE POVERTY AND INCOME INEQUALITY AND TO GIVE RESIDENTS THE
	OPPORTUNITY FOR A SECURE ECONOMIC FUTURE. DCFPI ACCOMPLISHES THIS
	THROUGH RESEARCH AND ANALYSIS, ADVOCACY AND STRATEGIC PARTNERSHIPS WITH
	OTHER ORGANIZATIONS AND INDIVIDUALS.
4b	(Code:) (Expenses \$ 47,307. including grants of \$ 2,000. ) (Revenue \$ 2,500. )
	OUTREACH: IN ORDER TO ACCOMPLISH ITS MISSION, DCFPI ALSO FURTHERS WAYS
	TO MAKE DC PUBLIC SERVICES MORE EFFECTIVE AND TO ENSURE THE WORKINGS OF
	DC GOVERNMENT ARE OPEN AND ACCOUNTABLE TO THE PUBLIC. THIS IS DONE
	THROUGH DIRECT ENGAGEMENT WITH POLICYMAKERS, LEGISLATOR EMPLOYEE OF A
	LEGISLATIVE BODY; OR ANY OTHER GOVERNMENT EMPLOYEE WHO MAY PARTICIPATE IN THE FORMULATION OF LEGISLATION. SOMETIMES EMPLOYEES ALSO CONTACT
	LEGISLATORS IN SUPPORT OF OR IN OPPOSITION TO LEGISLATION. GRASSROOT
	LOBBYING IS UNDERTAKEN TO ENCOURAGE THE PUBLIC TO CONTACT LEGISLATORS
	ABOUT LEGISLATION.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
1-1	Other pregram convices (Describe on Schedule $O$ )
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ► 1,003,288.
-+8	Form <b>990</b> (2020
03200	2 12-23-20

Form	aan	(2020)
	330	(2020)

Part IV Checklist of Required Schedules

DC FISCAL POLICY INSTITUTE, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A	1	X X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		<u> </u>
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
120	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12.0		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	40		x
20-	complete Schedule G, Part III	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		- 23
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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Form 990 (2	2020)	DC	FISCAL	POLICY	Ι
Part IV	Checklist	of Requir	ed Schedu	iles (continue	d)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
اء	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	204		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
ά	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance		•	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990	(2020)	DC	FISCAL	POLICY	INSTITUTE,	INC.
Part V	Statements	Regar	ding Other	IRS Filings	s and Tax Compl	iance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6.		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		- 23
D		6b		
7	Were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
' 2	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ŭ	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12d		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ŭ	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	104		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

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Form 990	(2020)
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X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1:	1						
	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	ip with	anv other	-						
	officer, director, trustee, or key employee?	-	-	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under th									
-	of officers, directors, trustees, or key employees to a management company or other person?			3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х				
5										
6										
74	more members of the governing body?	• •		7a		Х				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			74						
D	persons other than the governing body?			7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			10						
o a	The governing body?	-	-	8a	х					
				8b	X					
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			uo						
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х				
800	tion B. Policies (This Section B requests information about policies not required by the Internal R			9		21				
Sec	LIOIT D. POICIES (This Section B requests information about policies not required by the internal R	evenu	e Code.)		Vee	Na				
10-	Did the exercise is a local charter branches or efficience			100	Yes	No X				
	Did the organization have local chapters, branches, or affiliates?			10a						
D	If "Yes," did the organization have written policies and procedures governing the activities of such c			101						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х					
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ay berc	ore filling the form?	11a	Λ					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10	Х					
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line</i> 13			12a	~	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					37				
	in Schedule O how this was done			12c	v	X				
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approv	-	ndependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37					
	The organization's CEO, Executive Director, or top management official			15a	Х	37				
b	Other officers or key employees of the organization			15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			37				
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	D-T (Section 501(c)(	3)s only	) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain		,							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, a	nd finar	ncial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ai	nd records 🕨							
	ERICA WILLIAMS - 202-886-5174	0000	2							
	1275 FIRST STREET, NE, NO. 1200, WASHINGTON, DC 2	2000	4							
032006	3 12-23-20			Form	990	(2020)				

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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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	a a a	Irecto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		/ee	mpen		(00-2/1039-00130)		and related
	below	d ual t	Institutional trustee	_	Key employee	est col	5			organizations
	line)	Indivi	Institu	Officer	Keye	Highest compensated employee	Former			0
(1) TARZA MITCHELL	40.00									
POLICY DIRECTOR		1				х		101,560.	0.	22,055.
(2) JACQUELYN LENDSEY, INTERIM	40.00									
EXECUTIVE DIRECTOR AS OF 3/2020		1		Х				97,501.	0.	7,000.
(3) EDWARD B. LAZERE	40.00									
EXECUTIVE DIRECTOR UNTIL 03/2020				Х				36,972.	0.	2,601.
(4) JUDITH SANDALOW	2.00									
CHAIR		X		Х				0.	0.	0.
(5) KATIA GARRET	2.00									
SECRETARY		X		Х				0.	0.	0.
(6) JEROME PAIGE	2.00									
TREASURER		X		Х				0.	0.	0.
(7) RAJ AGGURWAL	1.00									
DIRECTOR		X						0.	0.	0.
(8) PETER EDELMAN	1.00									
DIRECTOR		X						0.	0.	0.
(9) MARIA GOMEZ	1.00									
DIRECTOR		X						0.	0.	0.
(10) KATHRYN GREENBERG	1.00									
DIRECTOR		Х						0.	0.	0.
(11) IRIS LAV	1.00									
DIRECTOR		X						0.	0.	0.
(12) BERNICE K. MCINTYRE	1.00									
DIRECTOR		X						0.	0.	0.
(13) ANDY SHALLAL	1.00									
DIRECTOR		Х						0.	0.	0.
(14) JOSLYN WILLIAMS	1.00									
DIRECTOR		X						0.	0.	0.

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Form 990 (2020)

	990 (2020) DC FISCAI							<u> </u>		83-2	103	918	Pa	age <b>8</b>
Pa	t VII Section A. Officers, Directors, Trus		oloy	ees			ghes	st C	1				(=)	
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	box offic	not c , unle	Pos heck ss pe	more rson i irecto	than d is both r/trus	n an	(D) Reportable compensation from the organization	(E) Reportable compensatic from related organization (W-2/1099-MIS	on d Is	am c comp	(F) timate ount o other oensa om the	of tion
		related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	anizati I relato nizatio	ed
	Subtotal Total from continuation sheets to Part VI	I. Section A							236,033.		0.	31	L,6	56.
	Total (add lines 1b and 1c) Total number of individuals (including but no								236,033. eceived more than \$100	0.000 of reportab	<b>0</b> .	31	L,6	56.
	compensation from the organization									,,			Yes	1 No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for si	-		-	•			Ŭ	phest compensated emp	5		3	103	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	),000? If "Yes,	le co " <i>co</i>	ompo mple	ensa ete S	ation Sche	anc adule	l otl 9 <i>J f</i>	her compensation from for such individual	the organization		4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion <b>B. Independent Contractors</b>	-				-			-		; 	5		Х
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	acto	ors t	hat received more than	\$100,000 of con	npens	ation fr	rom	
	the organization. Report compensation for t (A)					vith	or w	ithir	(B)			(C		
	Name and business	address	NC	ONE	3				Description of s	ervices	С	ompen	isatio	n
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lii	nite	d to		se lis )	stec	d above) who received n	nore than				
												Form <b>S</b>	<b>990</b> (2	2020)

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	Form 990 (20				FISC
ĺ	Part VIII	Statement	of	Re	evenue

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		Check if Schedule O contains a response or note to				
			(A)	(B)	(C)	<b>(D)</b> Revenue excluded
			Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
				lunction revenue	business revenue	sections 512 - 514
ts s	1	Federated campaigns <b>1a</b>				
un.		Membership dues 1b				
۵Ë						
r A						
Contributions, Gifts, Grants and Other Similar Amounts		d Related organizations 11				
Sin		e Government grants (contributions) 1e				
eric		All other contributions, gifts, grants, and	-1			
١ĘĔ		similar amounts not included above 1f 1,164,	/1/.			
nd O		Noncash contributions included in lines 1a-1f				
<u>a Ö</u>		Total. Add lines 1a-1f	1,164,717.	,		
		Busines				
e	2					
e Ži		PROGRAM INCOME 9900	099 2,500.	2,500.		
Program Service Revenue	,					
eve						
Ba		· · · · · · · · · · · · · · · · · · ·				
Pro		All other program service revenue				
			▶ 341,500.			
_		g Total. Add lines 2a-2f	🕨 541,500.			
	3	Investment income (including dividends, interest, and	▶ 2,861.			2 861
		other similar amounts)	2,001.			2,861.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	🕨			
		(i) Real (ii) Pers	sonal			
	6	a Gross rents 6a				
		b Less: rental expenses 6b				
		Rental income or (loss) 6c				
		Net rental income or (loss)	🕨			
	7	a Gross amount from sales of (i) Securities (ii) Of	ther			
		assets other than inventory <b>7a</b>				
		Less: cost or other basis				
e		and sales expenses 7b				
en.		Gain or (loss) 7c				
Je v		Net gain or (loss)				
Other Revenue		a Gross income from fundraising events (not				
Ę	ð					
<u> </u>		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18				
		b Less: direct expenses 8b				
		Net income or (loss) from fundraising events	🕨			
	9	a Gross income from gaming activities. See				
		Part IV, line 19 9a				
		b Less: direct expenses 9b				
		Net income or (loss) from gaming activities	🕨			
	10	a Gross sales of inventory, less returns				
		and allowances 10a				
		Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory				
		Busines				
Miscellaneous Revenue	11					
nec		、				
ver		[				
Re				<u> </u>		
ž		All other revenue				
		Total. Add lines 11a-11d		2/1 500	0	2 0 0 1
	12	Total revenue. See instructions	▶ 1,509,078.	341,500.	0.	2,861.
03200	9 12-	23-20				Form <b>990</b> (2020)

Part IX Statement of Functional Expenses

DC FISCAL POLICY INSTITUTE, INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D٥	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	49,500.	49,500.		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	144,073.	121,022.	4,322.	18,729
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	3,450.		3,450.	
7	Other salaries and wages	618,287.	519,360.	18,549.	80,378
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	36,751.	30,871.	1,102.	4,778
9	Other employee benefits	60,936.	51,186.	1,828.	7,922
0	Payroll taxes	64,426.	54,118.	1,933.	8,375
1	Fees for services (nonemployees):				
	Management				
	Legal	20 421		20 4 21	
	Accounting	39,421.		39,421.	
	Lobbying	00 075			00 07
е	Professional fundraising services. See Part IV, line 17	82,875.			82,875
f	Investment management fees				
g		20 020	11,750.	17 100	
_	column (A) amount, list line 11g expenses on Sch 0.)	28,930. 4,359.	11,750.	17,180.	4,359
2	Advertising and promotion	40,292.	33,512.	1,593.	5,187
3	Office expenses	15,330.	15,330.	, , , , , , , , , , , , , , , , ,	5,107
4	Information technology	13,330.	13,330.		
5	Royalties	130,830.	109,897.	3,925.	17,008
6 7		2,293.	105,057.	2,293.	17,000
8	Travel Payments of travel or entertainment expenses	272531		2,2551	
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	2,050.		2,050.	
0	Interest	,		,	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,021.	1,617.	141.	263
3	Insurance	5,999.	4,799.	420.	780
4	Other expenses. Itemize expenses not covered		-		
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	STAFF EXPENSES	6,905.		6,905.	
b	TAXES AND LICENSES	724.		724.	
с	DUES AND MEMBERSHIP	326.	326.		
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	1,339,778.	1,003,288.	105,836.	230,654
6	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 I if following SOP 98-2 (ASC 958-720)				

13010922 793927 17696

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83-2103918 Page 11

Cash - non-interest-bearing     Savings and temporary cash investments     Pledges and grants receivable, net	(A) Beginning of year 441,610. 2,936. 1,235,890.	1 2 3	(B) End of year 1,781,278. 10,368.
2 Savings and temporary cash investments	2,936.	2	
2 Savings and temporary cash investments			10 368
3 Plodges and grants receivable not	1,235,890.	2	
3 Pledges and grants receivable, net		3	195,330.
4 Accounts receivable, net		4	
5 Loans and other receivables from any current or former officer, director,			
trustee, key employee, creator or founder, substantial contributor, or 35%			
controlled entity or family member of any of these persons		5	
6 Loans and other receivables from other disqualified persons (as defined			
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
n         n         n           n         7         Notes and loans receivable, net		7	
5     7     Notes and loans receivable, net       8     Inventories for sale or use	- 483	8	E 100
9 Prepaid expenses and deferred charges	7,473.	9	5,198.
10a Land, buildings, and equipment: cost or other			
basis. Complete Part VI of Schedule D 10a 10, 450.	0 400		C 400
b Less: accumulated depreciation 10b 4,042.	8,429.	10c	6,408.
11 Investments - publicly traded securities		11	
12 Investments - other securities. See Part IV, line 11		12	
13 Investments - program-related. See Part IV, line 11		13	
14 Intangible assets	21,200.	14	21,200.
15 Other assets. See Part IV, line 11	1,717,538.	15	2,019,782.
16 Total assets. Add lines 1 through 15 (must equal line 33)	42,931.	16 17	55,736.
17 Accounts payable and accrued expenses	42,951.		55,750.
18 Grants payable		18 19	
19     Deferred revenue       20     Tax-exempt bond liabilities		20	
<ul> <li>20 Tax-exempt bond liabilities</li> <li>21 Escrow or custodial account liability. Complete Part IV of Schedule D</li> </ul>		20	
		21	
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
controlled entity or family member of any of these persons		22	
23 Secured mortgages and notes payable to unrelated third parties		23	
24 Unsecured notes and loans payable to unrelated third parties		24	112,727.
25 Other liabilities (including federal income tax, payables to related third			,
parties, and other liabilities not included on lines 17-24). Complete Part X			
of Schedule D		25	
26 Total liabilities. Add lines 17 through 25	42,931.	26	168,463.
Organizations that follow FASB ASC 958, check here			
and complete lines 27, 28, 32, and 33.			
27 Net assets without donor restrictions	321,831.	27	1,547,103.
28 Net assets with donor restrictions	1,352,776.	28	304,216.
Organizations that do not follow FASB ASC 958, check here 🕨 🗌			
and complete lines 29 through 33.			
g 29 Capital stock or trust principal, or current funds		29	
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		30	
and complete lines 27, 28, 32, and 33.         27       Net assets without donor restrictions         28       Net assets with donor restrictions         29       Capital stock or trust principal, or current funds         30       Paid-in or capital surplus, or land, building, or equipment fund         31       Retained earnings, endowment, accumulated income, or other funds         32       Total net assets or fund balances		31	
2 32 Total net assets or fund balances	1,674,607.	32	1,851,319.
33 Total liabilities and net assets/fund balances	1,717,538.	33	2,019,782.

Form **990** (2020)

Form 990 (2020) DC FISCAL
Part X Balance Sheet

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Form	DC FISCAL POLICY INSTITUTE, INC.	83-	-210391	8 F	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			078.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,3	<u>39,</u>	778.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	69,	300.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,6		607.
5	Net unrealized gains (losses) on investments	5		7,	412.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,8	51,	319.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2t	, X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?				X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit				
	Act and OMB Circular A-133?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3k		

Form **990** (2020)

SCHEDULE A	
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(Form	990	or	990-EZ
	550		

# 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

OMB No. 1545-0047
2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service				Attach to Form 990 or F			nformation		Open to Public Inspection
	the organizat		Go to www.irs.go	/Form990 for instructi	ons and u	ne latest i	mormation.	Employor	identification number
Name of	the organizat		TOCAT DOTT	CY INSTITUTE	TNO	I			3-2103918
Part I	Reason			(All organizations must c			Soo instructio		<u>J-7102910</u>
				-				15.	
	1	•		(For lines 1 through 12, c					
	1			on of churches describe			1)(A)(I).		
2	1			Attach Schedule E (Forn					
3	1			anization described in <b>s</b> e					
4			ation operated in co	njunction with a hospita	described	d in sectio	on 170(b)(1)(A	(iii). Enter	the hospital's name,
	city, and sta								
5				llege or university owne	d or opera	ted by a g	overnmental	unit describ	bed in
	1		Complete Part II.)						
6	1			nental unit described in					
7 X	0			intial part of its support f	rom a gov	ernmenta	l unit or from	the general	public described in
	1		omplete Part II.)						
8	1			(1)(A)(vi). (Complete Par					
9	An agricultur	ral research or	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
	-	or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state c	of the colleg	e or
	university:								
10				than 33 1/3% of its sup					
	activities rela	ated to its exer	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of	its support	from gross investment
				(less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.
	See section	509(a)(2). (Co	mplete Part III.)						
11	An organizat	ion organized	and operated exclus	ively to test for public sa	afety. See	section 5	09(a)(4).		
12				ively for the benefit of, to					
				ed in <b>section 509(a)(1)</b> o					Check the box in
_				of supporting organizatio					
a 🗆				supervised, or controlled					
				gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
_			complete Part IV, Se						
b 🗆				d or controlled in connec					
		-		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
_			st complete Part IV,						
c 🗆				g organization operated				ally integrate	ed with,
_				s). You must complete I					
d 🗆				porting organization oper				-	
	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.								
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III									
functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations									
<b>g</b> Pro		<u> </u>	n about the supporte		(iv) Is the orga	inization listed	(u) Amount -	fmonsterre	(vi) Amount of other
	(i) Name of support		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)
	or gainzatio			above (see instructions))	Yes	No			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Total

2020.04020 DC FISCAL POLICY INSTITUTE, 17696\_\_1

## Schedule A (Form 990 or 990 EZ) 2020 DC FISCAL POLICY INSTITUTE, INC.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				1841138.	1164717.	3005855.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3				1841138.	1164717.	3005855.
					1011130.	1101/1/.	5005055.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						429,608.
	Public support. Subtract line 5 from line 4.						2576247.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
7	Amounts from line 4				1841138.	1164717.	3005855.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				1,145.	2,861.	4,006.
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	•				1,239.		1,239.
	assets (Explain in Part VI.)				1,235.		3011100.
	Total support. Add lines 7 through 10					12	402,125.
	Gross receipts from related activities,		,				402,123.
13	First 5 years. If the Form 990 is for th				-		X
800	organization, check this box and stor ction C. Computation of Publ		roontogo				
	Public support percentage for 2020 (					14	%
	Public support percentage from 2019					15	%
<b>16</b> a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2019. 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 <b>stop here.</b> The organization qualifies as a publicly supported organization						
<b>1</b> 7a	17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the						
	organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization		•				s 🕨 🗌
				, ,,	,		

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

#### Schedule A (Form 990 or 990 EZ) 2020 DC FISCAL POLICY INSTITUTE, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	, fourth, or fifth tax	year as a section	501(c)(3) orga	nization,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publ						
15	Public support percentage for 2020 (	line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2020.</b> If the	organization did r	not check the box	on line 14, and lin	e 15 is more than :	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	ation	▶∟
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly supp	orted organiza	ition ►
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t			
0320	23 01-25-21				Sch	edule A (Forn	n 990 or 990-EZ) 2020

<sup>2020.04020</sup> DC FISCAL POLICY INSTITUTE, 17696\_\_1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **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.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 I of Schedule L (Form 990 or 990-EZ).
- **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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) 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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **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.)

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 8
 9a
 1

 9a
 9a
 1

 9b
 9b
 1

 9c
 9c
 1

 9c
 10a
 1

 0
 10a
 1

 10b
 1
 1

 Schedule A (Form 990 or 990-EZ) 2020
 1
 1

### Schedule A (Form 990 or 990-EZ) 2020 DC FISCAL POLICY INSTITUTE, INC.

1

2

Yes No

2a

2b

3a

3b

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has 1	the organization accepted a gift or contribution from any of the following persons?			
а	A pe	rson who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c k	below, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described in line 11a above?	11b		
с	A 359	% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	il in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
1	Did t	he governing body, members of the governing body, officers acting in their official canacity, or membership of one or			

	Did the governing body, members of the governing body, oncers acting in their official capacity, of membership of one of	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	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 officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	L
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.

Section C. Typ	e II Supporting	Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section	D.	All	Туре	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 line 2, above, 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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а \_\_\_\_ 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*. b
- I The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" 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. Schedule A (Form 990 or 990-EZ) 2020

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### 2020.04020 DC FISCAL POLICY INSTITUTE, 17696\_\_1

# Schedule A (Form 990 or 990-EZ) 2020 DC FISCAL POLICY INSTITUTE, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	<b>1</b> a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Illy integrat	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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#### Schedule A (Form 990 or 990-EZ) 2020 DC FISCAL POLICY INSTITUTE, INC. Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (c)

ια	Type in Non-1 directionally integrated 505		anizations (continu	uea)	
Secti	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 DC					83-2103918	Page 8
Part VI Supplemental Information						
Part IV, Section A, lines 1, 2, 3b						
line 1; Part IV, Section D, lines 2	and 3; Part IV	, Section E, lin	es 1c, 2a, 2b, 3a, and	3b; Part V, line 1; Part \	/, Section B, line 1e; Pa	ırt V,
Section D, lines 5, 6, and 8; and	Part V, Sectio	n E, lines 2, 5,	and 6. Also complete	this part for any additio	nal information.	
(See instructions.)			·	. ,		
· · · · · · · · · · · · · · · · · · ·						

### SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

#### DISCOUNTS

2019 AMOUNT: \$ 1,239.

Schedule A (Form 990 or 990-EZ) 2020

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2020.04020 DC FISCAL POLICY INSTITUTE, 17696\_1

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Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury

** PUBLIC DISCLOSURE COPY
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# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Internal Revenue Service						
Name of the organization		Employer identification numbe				
DC	FISCAL POLICY INSTITUTE, INC.	83-2103918				
Organization type (check or	ne):					
Filers of:	Section:					
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
General Rule						
For an organization	filing Form 990, 990-FZ, or 990-PE that received during the year, contributions totaling	1 \$5 000 or more (in money or				

ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \* \$ \_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

X

Χ

X

Х

X

X

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization 83-2103918 DC FISCAL POLICY INSTITUTE, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 268,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person Payroll 97,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 Person Payroll 80,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No.

> (Complete Part II for noncash contributions.)

> > Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

90,000.

Person Payroll

Noncash

023452 11-25-20

6

2020.04020 DC FISCAL POLICY INSTITUTE, 17696\_\_1

\$

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Employer identification number

83-2103918

#### DC FISCAL POLICY INSTITUTE, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>131,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Employer identification number

83-2103918

#### DC FISCAL POLICY INSTITUTE, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   13                                 </u>		\$ <u>29,049.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Employer identification number

83-2103918

DC FISCAL POLICY INSTITUTE, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Fartin	Noncash Property (see instructions). Use duplicate copies of Par		1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	
		 \$	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2020)				Page 4			
Name of or	rganization				Employer identification number			
DC FTS	SCAL POLICY INSTITUTE,	TNC			83-2103918			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	ions to organizations describe ) through (e) and the following l charitable, etc., contributions of \$1,0	ine entry For o	rganizations	that total more than \$1,000 for the yea			
(a) No.	Use duplicate copies of Part III if additional							
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held			
Ī		(e) Transfer	of gift					
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee			
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held			
ŀ	(e) Transfer of gift							
-	Transferee's name, address, a		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held			
-		(e) Transfer	of gift					
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held			
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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SCHEDULE C	Po	litical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990 or 990-EZ)			-	•	-	2020
		anizations Exempt From Income				LOLO
Department of the Treasury		if the organization is described			Ю-ЕΖ.	Open to Public Inspection
Internal Revenue Service	-	to www.irs.gov/Form990 for i				•
-		Form 990, Part IV, line 3, or For		e 46 (Political Campa	lign Acti	vities), then
	-	plete Parts I-A and B. Do not con 01(c)(3)) organizations: Complete		Do not complete Part	ID	
<ul> <li>Section 501(c) (other</li> <li>Section 527 organization</li> </ul>			Parts I-A and C below.	Do not complete Part	I-D.	
•	•	Form 990, Part IV, line 4, or Fo	m 990-E7 Part VI lir	ne 47 (Lobbying Activ	ritios) th	on
-		have filed Form 5768 (election un				
		have NOT filed Form 5768 (election		-		
		Form 990, Part IV, line 5 (Proxy				
Tax) (See separate inst				,	,	
<ul> <li>Section 501(c)(4), (5)</li> </ul>	, or (6) organizat	tions: Complete Part III.				
Name of organization				E	mployer	identification number
		AL POLICY INSTITU				3-2103918
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c)	or is a section 52	7 orga	nization.
1 Provide a description	on of the organiz	ation's direct and indirect politica	l campaign activities ir	n Part IV.		
2 Political campaign	activity expendit	ures			►\$	
3 Volunteer hours for	political campai	gn activities				
				2)		
	-	anization is exempt unde		-		
1 Enter the amount o	f any excise tax	incurred by the organization unde	er section 4955		<b>\$</b>	
		incurred by organization manage				
		n 4955 tax, did it file Form 4720 fe				
						Yes No
b If "Yes," describe in		anization is exempt unde	r section 501(c)	except section 5	01(0)(3	<u></u>
		•		-		·/·
		d by the filing organization for sec ization's funds contributed to oth			►\$	
			-		\$	
		. Add lines 1 and 2. Enter here an			φ	
	-				\$	
		1120-POL for this year?			· ·	Yes No
		nployer identification number (EIN				
		tion listed, enter the amount paid				
	-	omptly and directly delivered to a				
political action com	mittee (PAC). If a	additional space is needed, provi	de information in Part I	V.		
(a) Name	)	(b) Address	(c) EIN	(d) Amount paid fro	om (	e) Amount of political
				filing organization	-	tributions received and
				funds. If none, enter		oromptly and directly elivered to a separate
						political organization.
						If none, enter -0
				+		
				+		
	on Act Notice	and the Instructions for Form 0	1 20 or 200 EZ	l Cohodu		m 000 or 000 EZ) 2020

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020						103918 Page 2
Part II-A Complete if the orga	anizatio	n is exe	mpt under sectio	n 501(c)(3) and fi	ed Form 5768 (e	lection under
section 501(h)).						
	-		liated group (and list ir	n Part IV each affiliated	l group member's nam	ne, address, EIN,
expenses, and share			. ,			
B Check ► if the filing organizat	ion checke	d box A a	nd "limited control" pro	ovisions apply.	()="	
	s on Lobby litures" me		nditures Ints paid or incurred.)	)	<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience publi	c opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ						
c Total lobbying expenditures (add lir	nes 1a and	1b)				
d Other exempt purpose expenditure	s					
e Total exempt purpose expenditures	s (add lines	1c and 1c	(k			
f Lobbying nontaxable amount. Ente	r the amou	nt from th	e following table in bot	h columns.		
If the amount on line 1e, column (a) or	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (ent	ter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero						
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zer	o on either	line 1h or	line 1i, did the organization	ation file Form 4720	r	
reporting section 4911 tax for this y					[	Yes No
			eraging Period Under	• •		
(Some organizations th			01(h) election do not ate instructions for lii	•	of the five columns b	elow.
	Lobby	/ing Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2	017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						
e Grassroots ceiling amount (150% of line 2d, column (e))						

Schedule C (Form 990 or 990-EZ) 2020

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### Schedule C (Form 990 or 990-EZ) 2020 DC FISCAL POLICY INSTITUTE, INC.

#### 83-2103918 Page 3

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:		x		
a	Volunteers?	X	A		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
d d	Media advertisements?	x		31	5,805.
	Publications, or published or broadcast statements?		X		,
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	x		1:	2,253.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		X		
	Total. Add lines 1c through 1i			48	3,058.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		,
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5). or se	ection	
	501(c)(6).		(-,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OF	R (b) Part	III-A, lin	e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)				
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines 1	and 2 (See	
	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
IN	ORDER TO ACCOMPLISH ITS MISSION, DCFPI FURTHERS WA	YS TO	MAKE	DC	
PUI	BLIC SERVICES MORE EFFECTIVE AND TO ENSURE THE WORK	INGS (	OF DC		
GO	VERNMENT ARE OPEN AND ACCOUNTABLE TO THE PUBLIC. TH	IS IS	DONE	THROU	GH
DII	RECT ENGAGEMENT WITH POLICYMAKERS, LEGISLATOR EMPLO	YEE OI	F A		
LEO	GISLATIVE BODY; OR ANY OTHER GOVERNMENT EMPLOYEE WH	O MAY	PARTI	CIPATI	3
		Schedu	le C (Form	990 or 99	0-EZ) 2020
03204	3 12-02-20				

Schedule C	(Form 990 or 990-EZ) 2020 DC	FISCAL	POLICY	INSTITUTE,	INC.	
Part IV	Supplemental Information	on (continued)	)			_

IN THE FORMULATION OF LEGISLATION. SOMETIMES EMPLOYEES ALSO CONTACT

LEGISLATORS IN SUPPORT OF OR IN OPPOSITION TO LEGISLATION. GRASSROOT

LOBBYING IS UNDERTAKEN TO ENCOURAGE THE PUBLIC TO CONTACT LEGISLATORS

ABOUT LEGISLATION.

Schedule C (Form 990 or 990-EZ) 2020

032044 12-02-20

2020.04020 DC FISCAL POLICY INSTITUTE, 17696\_\_1

13010922 793927 17696

Department of the Treasury

(Form	990)
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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.

Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service Name of the organization

DC FISCAL POLICY INSTITUTE, INC.

Employer identification number 83-2103918

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	onferring
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	rganization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
~	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enforcing conser	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and onforcing concernatio	an accompany during the year
7	S	uning of violations, and emorcing conservatio	in easements during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(b)	(//)(B)(i)
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
Ŭ	balance sheet, and include, if applicable, the text of the foot	-	
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furth	herance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• •
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB /	-	
а			• •
b	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

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13010922 793927 17696

	t III Organizations Maintaining C	AL POLICY		-		or Other		83-21 ar Assa			ige <b>2</b>
	Using the organization's acquisition, accessi									ueu)	
3		ion, and other record	is, check	any of the	tollowing that	it make siç	gnincant	use of its			
	collection items (check all that apply):	d		oon or ovo	annan progra						
a L		d			nange progra						
b	Scholarly research	e									
c	Preservation for future generations		م الح م ما م	6							
4	Provide a description of the organization's co							se in Par	L AIII.		
5	During the year, did the organization solicit of								Vaa		
Par	to be sold to raise funds rather than to be m. t IV Escrow and Custodial Arran										No
I u	reported an amount on Form 990, Pa			organizatio	n answereu	Tes Off	-0111 990	, Fait IV,	iii le 9, 0i		
12	Is the organization an agent, trustee, custod		diary for c	ontribution	s or other as	sots not i	ncluded				
Ia			2						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII									L	NO
D		and complete the lo	nowing te	able.					Amount		
c	Beginning balance						1c		Amount		
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par											-
		(a) Current year		ior year	(c) Two year			ears back	(e) Four	vears	back
1a	Beginning of year balance	(, ,	(-,		(-) )		- <b>,</b> ,		(-)	<u> </u>	
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1a	ı. column (a	)) held as:	I					
	Board designated or quasi-endowment	· - · · · <b>,</b> · · · · · · · · · · · · · ·	%	,,	,,,						
	Permanent endowment	%									
с		%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administe	ered for the	e organiz	ation			
	by:	-					-		Г	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	owment fu	unds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV,	line 11a. S	ee Form 990	), Part X, li	ine 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr		<b>(b)</b> Cost basis		. ,	cumulate reciation	d	(d) Book	value	9
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				9,250.		3,70		5	5,5!	
	Other				1,200.		34	42.			58.
Total	Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X, colum	n (B), line 1	0c.)				6	5,40	)8.

Schedule D (Form 990) 2020

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Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
	on Form 000 Dart IV/ line	11a Cas Form 000 Part V line 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-of-vear market value
	(b) DOOK value	(c) Method of Valuation. Cost of end	roryear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	ə 15.)		
Part X Other Liabilities.	· ·	· · ·	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide		-	
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been p	ovided in Part XIII X

Schedule D (Form 990) 2020 DC FISCAL POLICY INSTITUTE, INC.

Part VII Investments - Other Securities.

Schedule D (Form 990) 2020

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Schedule D (Form 990) 20	DC FISCAL H	POLICY INSTITUTE,	INC.		83-2	2103918	Page <b>4</b>
Part XI Reconcili	ation of Revenue per Au	dited Financial Stateme	nts With Re				
Complete if t	he organization answered "Yes	on Form 990, Part IV, line 12a.					
1 Total revenue, gains	s, and other support per audited	financial statements			1	1,516	,490.
2 Amounts included c	on line 1 but not on Form 990, P	art VIII, line 12:					
a Net unrealized gains	s (losses) on investments		2a	7,412.			
<b>b</b> Donated services ar	nd use of facilities		2b				
c Recoveries of prior	year grants		2c				
e Add lines 2a throug	h <b>2d</b>				2e	7	,412.
					3	1,509	,078.
	n Form 990, Part VIII, line 12, b						
a Investment expense	es not included on Form 990, Pa	rt VIII, line 7b	4a				
<b>b</b> Other (Describe in F	Part XIII.)		4b				
c Add lines 4a and 4b					4c		0.
		Form 990, Part I, line 12.)			5	1,509	,078.
		udited Financial Stateme	ents With E	xpenses per	Retu	rn.	
	÷	' on Form 990, Part IV, line 12a.				1	
1 Total expenses and	losses per audited financial sta	tements			1	1,339	
	on line 1 but not on Form 990, P	art IX, line 25:				-	,778.
			1 1				,778.
a Donated services ar	nd use of facilities		2a				,778.
							,778.
<ul><li>b Prior year adjustment</li><li>c Other losses</li></ul>	nts		2b 2c				,778.
<ul><li>b Prior year adjustment</li><li>c Other losses</li><li>d Other (Describe in F</li></ul>	nts Part XIII.)		2b 2c 2d				,778.
<ul> <li>b Prior year adjustment</li> <li>c Other losses</li> <li>d Other (Describe in F</li> <li>e Add lines 2a throug</li> </ul>	nts Part XIII.) h <b>2d</b>		2b 2c 2d		2e		0.
<ul> <li>b Prior year adjustment</li> <li>c Other losses</li> <li>d Other (Describe in F</li> <li>e Add lines 2a throug</li> </ul>	nts Part XIII.) h <b>2d</b>		2b 2c 2d		2e 3	1,339	0.
<ul> <li>b Prior year adjustment</li> <li>c Other losses</li> <li>d Other (Describe in F</li> <li>e Add lines 2a throug</li> <li>3 Subtract line 2e from</li> </ul>	nts Part XIII.) h <b>2d</b>		2b 2c 2d				0.
<ul> <li>b Prior year adjustment</li> <li>c Other losses</li> <li>d Other (Describe in F</li> <li>e Add lines 2a throug</li> <li>3 Subtract line 2e from</li> <li>4 Amounts included of</li> </ul>	nts Part XIII.) h <b>2d</b> m line <b>1</b> m Form 990, Part IX, line 25, bu		2b 2c 2d				0.
<ul> <li>b Prior year adjustment</li> <li>c Other losses</li> <li>d Other (Describe in F</li> <li>e Add lines 2a throug</li> <li>3 Subtract line 2e from</li> <li>4 Amounts included of</li> </ul>	nts Part XIII.) h <b>2d</b> n line <b>1</b> on Form 990, Part IX, line 25, bu es not included on Form 990, Pa	t not on line 1:	2b 2c 2d 4a				0.
<ul> <li>b Prior year adjustment</li> <li>c Other losses</li> <li>d Other (Describe in F</li> <li>e Add lines 2a throug</li> <li>3 Subtract line 2e from</li> <li>4 Amounts included of</li> <li>a Investment expense</li> </ul>	nts Part XIII.) h <b>2d</b> n line <b>1</b> on Form 990, Part IX, line 25, bu es not included on Form 990, Pa Part XIII.)	t not on line 1: Int VIII, line 7b	2b           2c           2d           4a           4b		3 4c	1,339	<u>0.</u> ,778. 0.
<ul> <li>b Prior year adjustment</li> <li>c Other losses</li> <li>d Other (Describe in F</li> <li>e Add lines 2a throug</li> <li>3 Subtract line 2e from</li> <li>4 Amounts included of</li> <li>a Investment expense</li> <li>b Other (Describe in F</li> <li>c Add lines 4a and 4b</li> </ul>	nts Part XIII.) h <b>2d</b> m line <b>1</b> on Form 990, Part IX, line 25, bu es not included on Form 990, Pa Part XIII.) o d lines <b>3</b> and <b>4c.</b> (This must equ	t not on line 1: irt VIII, line 7b	2b           2c           2d           4a           4b		3		<u>0.</u> ,778. 0.

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.

PART X, LINE 2:

DCFPI BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS

TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE

MATERIAL TO THE FINANCIAL STATEMENTS OR THAT WOULD HAVE AN EFFECT ON ITS

TAX-EXEMPT STATUS. THERE ARE NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES

THAT NEED TO BE RECORDED.

032054 12-01-20

Schedule D (Form 990) 2020

13010922 793927 17696

2020.04020 DC FISCAL POLICY INSTITUTE, 17696\_1

SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047		
(Form 990 or 990-EZ)		e organization answered "Yes" on				or 19,	or if the	2020		
Demokratik (ike Terran	organization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for inst				ion.		Open to Public Inspection		
Name of the organization								ntification number		
Part I Fundrais		AL POLICY INSTITUT					83-2103			
	complete this par	Complete if the organization answ t.	erea " Y	es" o	n Form 990, Part IV, I	ine i	7. Form 990-E2	2 filers are not		
	-	sed funds through any of the followi	-							
a Mail solicitat				-	overnment grants					
d 🗌 In-person so	licitations			Ũ						
•		or oral agreement with any individua	•	•						
• • •		Part VII) or entity in connection with			-		X Yes			
compensated at le	•	viduals or entities (fundraisers) purs	uant to	agree	ements under which t	the fi	indraiser is to i	De		
	ast \$5,000 by the	i organization.								
(i) Name and addres	s of individual		(iii)	Did aiser	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid		
or entity (fund	draiser)	(ii) Activity	have c or con contrib	ustody	from activity		fundraiser ted in col. (i)	to (or retained by) organization		
FOTI CREATIVE - 38	17	FUNDRAISING COUNSEL AND	Yes	No		110				
LARCHWOOD ROAD, FA		PLAN IMPLEMENTATION		X	ο.		88,875.	-88,875.		
							00 075	00.075		
Total	ich the organizatio	on is registered or licensed to solicit	contrik		or has been notified	l it ic	88,875.	-88,875.		
or licensing.	ion the organizatio		CONTIN	ution	s of flas been notified	111.15	exemptition	egistration		
DC										

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	_	or fullulaising event contributions and gr		EE, III CO I AITA OD. EICT	erenite man greee reeelp	groator than \$0,000.
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
Ø			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
ш	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct I	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through				
D	<u>11</u> art	Net income summary. Subtract line 10 from li III Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.		1990, Fait IV, iiile 19, 01	reported more than	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
	1	Gross revenue				
lses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes%	└── Yes %	└── Yes %	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
					····· •	1
9		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a				Yes No
b	)  † "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
k	) If "	Yes," explain:				
0000	0.0 4	1.25.20			Schodula C /Fe	rm 990 or 990-EZ) 2020
11.520	o/  `	1-25-20			Schedule G (FO	111 JOU UL JJU-EL / 2U2U

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Schedule G (Form 990 or 990-EZ) 2020 DC FISCAL POLICY INSTITUTE, INC. 8	3-2103918 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
<b>13</b> Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amoun	t
of gaming revenue retained by the third party  \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 \$	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and (v); and (v) and (v); and (v) and (v) and (v); and (v) and (	nd Part III, lines 9, 9h, 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SERS:
(I) NAME OF FUNDRAISER: FOTI CREATIVE	
(1) NAME OF FONDATION. FOIL CREATIVE	
(I) ADDRESS OF FUNDRAISER: 3817 LARCHWOOD ROAD, FALLS CHURCH,	VA 22041

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Schedule G (Form 990 or 990-EZ) 2020

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Schedule G	(Form 990 or 990-EZ	DC	FISCAL	POLICY	INSTITUTE,	INC.	83-2103918	Page <b>4</b>
Part IV	(Form 990 or 990-EZ Supplemental	Ínformati	on (continued,	)				

Schedule G (Form 990 or 990-EZ)

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OMB No. 1545-0047 2020 Open to Public	Employer identification number 83 - 0103018	01100110	Yes X No		<sup>f</sup> or any	(h) Purpose of grant or assistance	GH GRANT	GREATER WASHINGTON	COMMUNITY FOUNDATION - COVID EMERGENCY RESPONSE SRANT.			2.	Schedule I (Form 990) 2020							
	Employer id		ction		rt IV, line 21, 1		PASSTHROUGH GRANT	GREATER W	COMMUNITY COVID EME GRANT.				Schedu							
			sistance, and the sele		/es" on Form 990, Pa	(g) Description of noncash assistance														
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. ► Go to www.irs.gov/Form990 for the latest information.	lation.		I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Dart IV the organization's procedures for monitoring the use of grant funds in the United States		nization answered "Y	(f) Method of valuation (book, FMV, appraisal, other)														
	irs.gov/Form990 for the latest inform INC •	e grantees' eligibility		ed States.	Complete if the orge	ded. (e) Amount of non-cash assistance	0		0.											
		INC .	.NC • s or assistance, the	INC.	.NC.	s or assistance, the	s or assistance, th	s or assistance, th	s or assistance, the	grant funds in the United States.	s or assistance, the tfunds in the Unite	s or assistance, the 	c Governments.	ional space is neer (d) Amount of cash grant	30,000.		12,500.			ne line 1 table
	МСПТПТПЕ Т	POLICY INSTITUTE, I ad Assistance	e amount of the grant	e amount of the grant toring the use of gran	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	be duplicated if addit (c) IRC section (if applicable)	501(C)(3)		501(C)(3)			ganizations listed in th 1 table	ions for Form 990.							
				to substantiate the stance?	to substantiate the stance?	to substantiate un stance? 	statice for monit	statice r scedures for monit	to substantiate uit stance?	Domestic Organi	85,000. Part II can (b) EIN	52-1234565		52-1807264			nd government or	, see the Instructi		
			Does the organization maintain records to substantiate criteria used to award the grants or assistance?	Describe in Part IV the organization's procedures for monitoring the use of	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	recipient that received more than \$ 1 (a) Name and address of organization or government	JUDGET POLICY - 1275 FIRST STREET NE, WASHINGTON, DC 20002		JDREN 001			Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	For Paperwork Reduction Act Notice, see the Instructions for Form 990.							
SCHEDULE I (Form 990) Department of the Treasury	Name of the organization	Part I General Inf	1 Does the organize criteria used to av	2 Describe in Part IV	Part II Grants and	recipient th 1 (a) Name and add or gove	CENTER FOR BUDGET POLICY PRIORITIES - 1275 FIRST STE. 1200 - WASHINGTON,		DC ACTION FOR CHILDREN 718 7TH ST. NW WASHINGTON, DC 20001			2 Enter total numbe	4							

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SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 71 Open to Public Inspection

Employer identification number 83-2103918

DC FISCAL POLICY INSTITUTE, INC.

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

THROUGH THOUGHTFUL POLICY SOLUTIONS.

FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD MAY APPOINT AN EXECUTIVE COMMITTEE WHICH, IN THE PERIOD BETWEEN MEETINGS OF THE BOARD, SHALL HAVE AND EXERCISE ALL THE POWERS AND DUTIES OF THE BOARD. THE EXECUTIVE COMMITTEE SHALL CONSIST OF NO FEWER THAN TWO (2) MEMBERS, ALL OF WHOM ARE DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR WILL REVIEW THE FORM 990, AND THEN IT WILL BE

SUBMITTED TO THE ENTIRE BOARD FOR REVIEW BEFORE IT IS SIGNED BY THE

EXECUTIVE DIRECTOR AND FINALIZED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 15A:

TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE

PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS

TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED OF EXECUTIVE

COMPENSATION. THE PERIODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE WHETHER

COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT

SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING.

FORM 990, PART VI, SECTION C, LINE 19:

DCFPI MAKES ITS ORGANIZATIONAL DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION

UPON REQUEST.

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Schedule O (Form 990 or 990-EZ) 2020

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