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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

AI	For th	e 2021 calendar year, or tax year beginning and	ending	_				
B	Check if applicab	e: C Name of organization		D Employer identific	cation number			
	Addre chang Name chang			83-21039:	18			
	Initial return Final return termir ated	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite 1200	E Telephone number 202-886-!				
	Amen return	WASHINGTON, DC 20002		G Gross receipts \$ 2,015,30 H(a) Is this a group return				
	Applio tion pendi	^{ng} SAME AS C ABOVE		for subordinates H(b) Are all subordinates in				
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) te: ► WWW • DCFPI • ORG	or 527	If "No," attach a H(c) Group exemptior	list. See instructions number ▶			
	Form of art I	forganization: X Corporation Trust Association Other ► Summary	L Year		State of legal domicile: DC			
		Briefly describe the organization's mission or most significant activities: TO PI WIDESPREAD PROSPERITY FOR ALL RESIDENTS	ROMOTE OF THE	OPPORTUNIT DISTRICT O	Y AND F COLUMBIA			
Activities & Governance	3 4 5 6	Check this box if the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2021 (Part V, line 2a)		3 4 5 6	sets. 10 10 14 0.			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		7b	0.			
Revenue	11	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		Prior Year 1,164,717. 341,500. 2,861. 0.	Current Year 1,956,195. 56,000. 2,776. 331.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,509,078. 49,500.	2,015,302. 9,850.			
ISes		Benefits paid to or for members (Part IX, column (A), line 4)		0. 927,923. 82,875.	0. 1,115,593. 100,143.			
Expenses	b 17	Total fundraising expenses (Part IX, column (D), line 25) 140,1 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		279,480.	399,016.			
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		1,339,778. 169,300.	1,624,602. 390,700.			
Net Assets or Fund Balances		Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		ginning of Current Year 2,019,782. 168,463. 1,851,319.	End of Year 2,291,788. 45,889. 2,245,899.			
	art II	Signature Block Signature Block I have examined this return, including accompanying schedule		ents, 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 ERICA WILLIAMS, EXECUT Type or print name and title	TIVE DIRECTOR	Date
Paid Preparer	Print/Type preparer's name MEENA BISHNOI Firm's name JM&M	Prepa Mechalous	Date Check PTIN 10.6.22 if self-employed P01480769 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 ab	ove? See instructions	X Yes No
132001 12-0	09-21 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.	Form 990 (2021)
S	EE SCHEDULE O FOR ORGANIZ	ZATION MISSION STATEM	IENT CONTINUATION

1	Check if Schedule O contains a response or note to any line in this Part III
	TO PROMOTE OPPORTUNITY AND WIDESPREAD PROSPERITY FOR ALL RESIDENTS OF THE DISTRICT OF COLUMBIA THROUGH THOUGHTFUL POLICY SOLUTIONS.
	THE DISTRICT OF COLOMBER 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 \$ 1,295,426 · including grants of \$ 9,850 ·) (Revenue \$ 56,000
та	POLICY SOLUTIONS - DCFPI CONDUCTS TIMELY AND FOUNDATIONAL RESEARCH AND
	ANALYSIS FOR AN EQUITABLE TAX, BUDGET, AND POLICY AGENDA THAT CENTERS
	AROUND THOSE MOST HARMED BY RACIAL AND ECONOMIC EXCLUSION. DCFPI DOES
	THIS TO EXPAND COLLECTIVE UNDERSTANDING OF HOW OPPRESSIVE STRUCTURES
	SHAPE PAST AND PRESENT INEQUITIES, AND TO CREATE A STRONG EVIDENCE-BAS
	FOR REJECTING RACIALIZED AUSTERITY POLITICS AND EMBRACING POLICIES
	ROOTED IN SHARED ABUNDANCE.
4b	(Code:) (Expenses \$ 40,029. including grants of \$) (Revenue \$
то	OUTREACH - DCFPI STRATEGICALLY COMMUNICATES WITH, AND EDUCATES DECISIO
	MAKERS, PARTNERS, AND THE PUBLIC TO INCREASE SALIENCE, RESONANCE, AND
	PRIORITIZATION OF POLICIES THAT ADVANCE RACIAL AND ECONOMIC JUSTICE
	AMONG PARTNERS AND POLICY MAKERS. DCFPI COMMITS ANALYTIC, LEGISLATIVE
	AND STRATEGIC SKILLS AND CAPACITIES TO SUPPORT PARTNERS AND BUILD
	COLLABORATIVE CAMPAIGNS FOR STRATEGIC ALLIANCES. DCFPI DOES THIS TO
	ENSURE MORE UNIFIED AND POWERFUL VOICES ADVOCATING FOR COLLECTIVE
	VISION AND GOALS THAT ARE RESPONSIVE TO THE EXPERIENCES OF RESIDENTS
	FACING RACIAL AND ECONOMIC OPPRESSION.
40	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,335,455.
	(Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,335,455.

DC FISCAL POLICY INSTITUTE, INC.

Form 990 (2021)

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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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	- 23	<u> </u>
5	similar amounts as defined in Rev. Proc. 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			<u> </u>
Ŭ	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,			
	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		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		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,		v	
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		<u> </u>
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	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	4-		v
10	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	46		x
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
.0	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,"			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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			
	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			-		POLICY	
Part IV	Ch	ecklist 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			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	040		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	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	200		
	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		х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the 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 line 28a or 28b?If			77
	"Yes," complete Schedule L, Part IV	28c		X X
29	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			х
04	contributions? If "Yes," complete Schedule M	30		л Х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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	- 55		
04	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	-		
	Litter the number of rolling wind under of in hot applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	Х	
13200	(gambling) winnings to prize winners?	Form	<u>990</u>	(2021)
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Form 990	(2021)
Part V	Sta

DC FISCAL POLICY INSTITUTE, INC. 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,		1.4			
	filed for the calendar year ending with or within the year covered by this return	-	14		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction					x
				3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	4-		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		
a	If "Yes," enter the name of the foreign country	10001				
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5a 5b		X
b c				50 50		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did t			50		
Ua	any contributions that were not tax deductible as charitable contributions?			6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribu			Ua		
D D	were not tax deductible?		•	6b		
7	Organizations that may receive deductible contributions under section 170(c).			00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	provided to the payor?	7a		x
	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 v			1.5		
Ŭ	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				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				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	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				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.				0000	(0.5
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Form 990	(2021)
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Section A. Governing Body and Management

DC FISCAL POLICY INSTITUTE, INC.

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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.

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	<u>0</u>		
	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	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under t	he direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the following:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenue Code.)			
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	L	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	on Schedule O how this was done		12c		X
3	Did the organization have a written whistleblower policy?		13	X	
4	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and appro-	•			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's			
	exempt status with respect to such arrangements?		16b		
	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 990-T (section 501(c)(3)s only	r) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.				
		in on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy, a	nd fina	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 b	ooks and records 🕨			
	ERICA WILLIAMS - 202-886-5174	0			
	1275 FIRST STREET, NE, 1200, WASHINGTON, DC 2000	2			
32006	§ 12-09-21		Forn	1 990	(2021
<u> </u>			4 🗖		4
80	930 793927 17696 2021.04030 DC FISCAL POLI	CY INSTITUTE,	170	b 96_	1

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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				(D)	(E)	(F)
Name and title	Name and title Average (d hours per bo		Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
<pre>(1) ERICA WILLIAMS, EXECUTIVE DIRECTOR AS OF 03/2021</pre>	40.00			x				133,533.	0.	23,920.
(2) TARZA MITCHELL	40.00							20070001		
POLICY DIRECTOR		1				x		113,036.	0.	15,796.
(3) JACQUELYN LENDSEY, INTERIM	40.00									
EXECUTIVE DIRECTOR UNTIL 03/2021		1		X				40,769.	Ο.	0.
(4) JUDITH SANDALOW	2.00									
CHAIR		X		Х				0.	Ο.	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 AGGARWAL	1.00									
DIRECTOR	1 0 0	Х						0.	0.	0.
(8) PETER EDELMAN	1.00	.,						0	0	0
DIRECTOR	1.00	X						0.	0.	0.
(9) MARIA GOMEZ	1.00	x						0.	0.	0.
DIRECTOR (10) KATHRYN GREENBERG	1.00							0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(11) IRIS LAV	1.00							0.	•	0.
DIRECTOR	1000	x						0.	0.	0.
(12) BERNICE K. MCINTYRE	1.00									
DIRECTOR UNTIL 04/2021		x						0.	0.	0.
(13) ANDY SHALLAL	1.00									
DIRECTOR		X						0.	0.	0.
(14) JOSLYN WILLIAMS	1.00									
DIRECTOR		X				-		0.	0.	0.
		1								

7

132007 12-09-21

Form 990 (2021)

11180930 793927 17696

2021.04030 DC FISCAL POLICY INSTITUTE, 17696__1

	990 (2021) DC FISCAI	L POLICY	2	INS	STI	ΓTU	JTE	Ξ,	INC.	83-2	103	918	Pa	age 8
Par		1	ploy	ees			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	Pos heck ss pe	more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) timate nount o other	
		(list any hours for related organizations below line)	5 Individual trustee or director Institutional trustee			Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MI 1099-NEC	SC/	fr org and	pensa om the anizati d relate nizatio	e ion ed
1h	Subtotal								287,338.		0.	3	9,7	16.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	· · · · · · ·	· · · · · · ·	·····				0. 287,338.		0.		9,7	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	no r	received more than \$100),000 of reportab	ile		Yes	2 No
3	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for s</i>	-		-	•	-			ghest compensated emp	2		3	100	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	le co " <i>co</i>	omp <i>mple</i>	ensa ete S	atior Sche	n and e <i>dule</i>	d ot e J i	her compensation from for such individual	the organization		4	x	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	-				-			-			5		X
1	Complete this table for your five highest co the organization. Report compensation for										npens			
FO	(A) Name and business I CREATIVE, 3603 BENT		·				า							
	LS CHURCH, VA 22041 FUNDRAISING 100,1						43.							
2	Total number of independent contractors (i	ncluding but n	ot lii	mite	d to	tho	se lis	steo	d above) who received n	nore than				
	\$100,000 of compensation from the organized	zation 🕨				-	1					Form	990 (2	2021)

132008 12-09-21

			Check if Schedule O contains a response	or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d e	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and1	266,187.				
Contributi and Other		g		690,008. 15,370.	1,956,195.			
	2	a b	CONTRACTUAL INCOME	Business Code 990099	56,000.	56,000.		
Program Service Revenue		c d						
Pro		e f g	All other program service revenue Total. Add lines 2a-2f		56,000.			
	3 4 5		Investment income (including dividends, intere- other similar amounts) Income from investment of tax-exempt bond p Royalties	proceeds	2,776.			2,776.
	6		Gross rents (i) Real Ga Less: rental expenses (6b)	(ii) Personal	-			
		d	Rental income or (loss) 6c Net rental income or (loss)	(ii) Other				
enue			assets other than inventory 7a Less: cost or other basis and sales expenses Objects on (basis) 7b		-			
Reve			Gain or (loss)					
Other Revenue			Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
			Part IV, line 18 8a Less: direct expenses 8b Net income or (loss) from fundraising events		-			
	9	а	Gross income from gaming activities. See Part IV, line 19 9a		-			
		с	Less: direct expenses 9b Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances 10a					
			Less: cost of goods sold 10b Net income or (loss) from sales of inventory		-			
Miscellaneous Revenue	11	b	MISCELLANEOUS REVENUE	990099	331.			331.
lisce		c d	All other revenue					
2			Total. Add lines 11a-11d		331.			
13200	12		Total revenue. See instructions	•	2,015,302.	56,000.	0.	3,107. Form 990 (2021)

DC FISCAL POLICY INSTITUTE, INC.

Form 990 (2021) Part VIII

90 (20)21)	DC	LTOC
VIII	Statement	of Re	evenue

DC FISCAL POLICY INSTITUTE, INC.

83-2103918 Page 10

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

Description Total expenses Program Service expenses Management and general expenses Fundament expenses 1 Grats and other assistance to domestic individuals. See Part V, line 22 9,850. 9,850. 9,850. 3 Grants and other assistance to domestic individuals. See Part V, line 22 9,850. 9,850. 9,850. 3 Grants and other assistance to domestic individuals. See Part V, line 22 198,222. 182,604. 9,761. 5,85 3 Grants and other assistance to domestic individuals. See Part V, line 20 198,222. 182,604. 9,761. 5,85 4 Benefits paid to of to members trustees, and key employees 198,222. 182,604. 9,761. 5,85 6 Compensation of incluid above to disqualified persons (as defined under section 450(%)(18) 732,858. 674,229. 36,643. 21,98 9 Other aslaries and wages 76,371. 70,261. 5,2,955. 1,61 9 There employee benefits 54,235. 49,896. 2,712. 1,62 9 Other employee benefits 54,235. 49,896. 2,712. 1,62 10 cutars 100,143. 100,143. 100,143. 100,143.		Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX (B)	(C)	(D)
addomests governments. See Part IV, line 21 9,850. 9,850. 2 Grants and other assistance to domestic individuals. See Part IV, line 22 9,850. 9,850. 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 1 4 Benefits path foreign governments, and foreign midviduals. See Part IV, line 15 and 16 1 1 5 Compensation of current officers, directors, trutates, and feel under stacking 480(f) (1) and persons described in section 480(f) and 680(f) and persons describe and vegates 732,858. 674,229. 36,643. 21,988 8 Persion plan accruits and certifications (module section 481(f) and 480(f) and 480(f		not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.		Program service	Management and	Fundraising
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reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			-	-		
educational campaign and fundraising solicitation.						
Check here billing SOP 98-2 (ASC 958-720)						
		Check here Figure if following SOP 98-2 (ASC 958-720)				Form 990 (2021

132010 12-09-21

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Form **990** (2021)

11180930 793927 17696

Form 990 (2021)

Part X Balance Sheet

	1	Cash - non-interest-bearing			1,781,278.	1	1,984,406.
	2	Savings and temporary cash investments			10,368.	2	29,688.
	3	Pledges and grants receivable, net			195,330.	3	252,107.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			5,198.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,450.			
	b	Less: accumulated depreciation	10b	6,063.	6,408.	10c	4,387.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			21,200.	15	21,200.
	16	Total assets. Add lines 1 through 15 (must equa		1	2,019,782.	16	2,291,788.
	17	Accounts payable and accrued expenses			55,736.	17	45,889.
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst				-	
Lia		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela			112,727.	23	0.
	24	Unsecured notes and loans payable to unrelated			112,121.	24	0.
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines					
			-			25	
	26	Total liabilities. Add lines 17 through 25			168,463.	26	45,889.
	20	Organizations that follow FASB ASC 958, che				20	
Ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			1,547,103.	27	1,589,183.
Ba	28	Net assets with donor restrictions			304,216.	28	656,716.
pu		Organizations that do not follow FASB ASC 9					
Ę		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ec				30	
t As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			1,851,319.	32	2,245,899.
	33	Total liabilities and net assets/fund balances			2,019,782.	33	2,291,788.
							Form 990 (2021)

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

(A) Beginning of year

1,781,278.

(B) End of year

1,984,406.

11	180	930	793927	17696

132012 12-09-21

Form 990 (2021)

Part XI Reconciliation of Net Assets

	Check if Schedule O contains a response or note to any line in this Part XI		. <u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,01		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,62		
3	Revenue less expenses. Subtract line 2 from line 1	3			00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,85		
5	Net unrealized gains (losses) on investments	5		3,8	80.
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	2,24	5,8	99.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2b	X	
	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	e audit,			
	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	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	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		3b		

DC FISCAL POLICY INSTITUTE, INC. 83-2103918 Page 12

Form **990** (2021)

SCHEDULE A	
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(Form 990)

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.

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

OMB No. 1545-0047
2021
Open to Public

Inspection

Nan	DC FISCAL POLICY INSTITUTE, INC. 83-2103918								
De	and I						<u> </u>		3-2103918
	rt I	Reason for Public							
The	organ	ization is not a private found		•		,			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section							
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	described	d in sectio	on 170(b)(1)(A)(i	ii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental un	it describ	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Illy receives a substa	ntial part of its support f	rom a gov	ernmental	l unit or from the	e 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 agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a la	nd-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state of t	he college	e or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membershi	p fees, ar	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of its	support	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	uired by the orga	anization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	ifety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carr	ry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 50	9(a)(3). C	heck the box on
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete line:	s 12e, 12f, and ⁻	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typ	pically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or trustee	s of the s	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organization	(s), by ha	ving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage	e the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functionally	integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection \	with its supporte	ed organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and a	an attenti	veness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II	, Type III	
		functionally integrated, or							
f	f Enter the number of supported organizations								
	g Provide the following information about the supported organization(s).								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of m	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see inst	tructions)	support (see instructions)
					ļ	ļ			
			ļ						
Tota	al								

Schedule A	(Form	990)	2021

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.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ſ					
	include any "unusual grants.")			1841138.	1164717.	1956195.	4962050.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	l i					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	l i					
	the organization without charge \dots						
4	Total. Add lines 1 through 3			1841138.	1164717.	1956195.	4962050.
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)						876,144.
	Public support. Subtract line 5 from line 4.						4085906.
-	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4			1841138.	1164717.	1956195.	4962050.
8	Gross income from interest,	ſ					
	dividends, payments received on	l i					
	securities loans, rents, royalties,	ſ			0.064	0 556	6 500
	and income from similar sources \dots			1,145.	2,861.	2,776.	6,782.
9	Net income from unrelated business	ſ					
	activities, whether or not the	ſ					
	business is regularly carried on \dots						
10	Other income. Do not include gain	ſ					
	or loss from the sale of capital	l i		1 0 2 0		221	1 500
	assets (Explain in Part VI.)			1,239.		331.	1,570.
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities					12	458,125.
13	First 5 years. If the Form 990 is for the	-			-		
	organization, check this box and stop						▶ <u>X</u>
	ction C. Computation of Publ						
	Public support percentage for 2021 (•			14 15	%
	Public support percentage from 2020						%
16a	33 1/3% support test - 2021. If the other have The experimentian events	-					
h	stop here. The organization qualifies 33 1/3% support test - 2020. If the o						
D							
170	and stop here. The organization quait 10% -facts-and-circumstances test						
17 a							
	and if the organization meets the fact meets the facts-and-circumstances to			-		-	
h	10% -facts-and-circumstances tes	•	• •		•	17a and line 15 is	
U.	more, and if the organization meets the						
	organization meets the facts-and-circ				• •		
18							s S
	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Check this box and see instructions Check this box and see instructions Check this box and see instructions Check this box and see instructions Check this box and see instructions Check this box and see instructions Check this box and see instructions Check this box and see instructions Check this box and see instructions Check this box and see instructions Check this box and see instructions						

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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.)

300	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
b	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.)						
Sec	ction B. Total Support		-	•			
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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) organizat	ion,
	check this box and stop here						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020) Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
1 9a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and line 1	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly	supported organiz	ation	▶□]
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions	>
1320	23 01-04-22					Schedule A	(Form 990) 2021
				15			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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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10b | Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 DC FISCAL POLICY INSTITUTE, INC. Part IV Supporting Organizations (continued)

No

Yes No

		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 on lines 11b and		
	11c below, the governing body of a supported organization?	а	
b	A family member of a person described on line 11a above? 1	b	
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	с	
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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>		
	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 how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2	
Sec	tion C. Type II Supporting Organizations		

			Yes
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	
Sec	tion D. All Type III Supporting Organizations		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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 on 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 yeafsee instruction

- 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 L		The organization supported a	povernmental entity	. Describe in Part VI how	you supported a	governmental entity	(see instructions).
-----	--	------------------------------	---------------------	---------------------------	-----------------	---------------------	---------------------

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- 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 on 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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3b Schedule A (Form 990) 2021

2a

2b

3a

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1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction					
	All other Type III non-functionally integrated supporting organizations mus	st complet	e Sections A through E.	1		
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	1a				
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 Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 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				
Section 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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Par	t V Type III Non-Functionally Integrated 509	(a)(s) Supporting Orga	anizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity				
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	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	(i) (ii) Underdistribution Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2021				(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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Part IV, Section A, lin line 1; Part IV, Section	nes 1, 2, 3b, 3c, 4b, 4 on D, lines 2 and 3; Pa	lc, 5a, 6, 9a, 9b, 9c, 11a, 11b art IV, Section E, lines 1c, 2a), and 11c; Part IV, Se 2b, 3a, and 3b; Part V	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C V, line 1; Part V, Section B, line 1e; Part V for any additional information.
SCHEDULE A, PART	II, LINE 1	0, EXPLANATION	FOR OTHER	INCOME:
DISCOUNTS				
2019 AMOUNT: \$	1,239.			
2021 AMOUNT: \$	331.			

Schedule of Contributors

** PUBLIC DISCLOSURE COPY

Attach to Form 990 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	n	Em	oloyer identification numbe
	DC FISCAL POLICY INSTITUTE, INC.	8	3-2103918
Organization type (che	ck one):		
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not 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		
, ,	on is covered by the General Rule or a Special Rule. 11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	ial Rule, Se	e instructions.

General Rule

Schedule B

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(Form 990)

For an organization 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), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$ <u>442,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
2		\$100,000.	Person X Payroll I Noncash I (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
3		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
4		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
5		\$ <u>305,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
6		\$56,000.	Person X Payroll Noncash (Complete Part II for noncash contribution

DC FISCAL POLICY INSTITUTE, INC.

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

83-2103918

Page 2

1		

		\$280,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>266,187.</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 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
123452 11-1		\$	Person Payroll Occupient Part II for noncash contributions.)
120402 11-1	23		Schedule D (FUIII 990) (2021)

Name of organization

Part I

(a)

No.

7

DC FISCAL POLICY INSTITUTE, INC.

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

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

X

83-2103918

Person

(c)

Total contributions

Page 2

Part I	Description of noncash property given	(See instructions.)	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	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
3453 11-11-21	24	I	Schedule B (Form 990)

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

(b)

Description of noncash property given

DC FISCAL POLICY INSTITUTE, INC.

Name of organization

Part II

(a)

No.

from

Employer identification number

(d)

Date received

83-2103918

(c)

FMV (or estimate)

Page 3

	Form 990) (2021)			Page
Name of orga	anization		Employer identification num	nber
DC FIS	CAL POLICY INSTITUTE,	INC.	83-2103918	
	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cl Use duplicate copies of Part III if additional s	through (e) and the following line e haritable, etc., contributions of \$1,000 c	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the entry. For organizations or less for the year. (Enter this info. once.) \$	he ye
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I -	(-)		(*)	
-		(e) Transfer of g		
-	Transferee's name, address, an	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 g		
	Transferee's name, address, an	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	
-				
	I	(e) Transfer of g	 gift	
_	Transferee's name, address, an	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	
	Transferee's name address an	(e) Transfer of g		
-	Transferee's name, address, an		Relationship of transferor to transferee	
123454 11-11-2	1		Schedule B (Form 990)) (202
		25 021 04020 DG FT	SCAL POLICY INSTITUTE, 17696	

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SCHEDULE C	ULE C Political Campaign and Lobbying Activities		OMB No. 1545-0047			
(Form 990)	1990)		2021			
		anizations Exempt From Incom				
Department of the Treasury	partitient of the reasury			Open to Public		
Internal Revenue Service		Go to www.irs.gov/Form990 for				Inspection
-		n Form 990, Part IV, line 3, or Fo		ne 46 (Political Cam	paign Act	tivities), then
		plete Parts I-A and B. Do not co	•			
		01(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Pa	art I-B.	
Section 527 organiz						
-		Form 990, Part IV, line 4, or Fo				
	-	have filed Form 5768 (election ur		-	-	
	-	have NOT filed Form 5768 (election 5768)				
Tax) (See separate inst		n Form 990, Part IV, line 5 (Prox	y Tax) (See separate i	instructions) or For	m 990-ez	, Part V, line 35C (Proxy
		tions: Complete Part III.				
Name of organization	,, or (o) organiza				Emplove	r identification number
5	DC FISC	AL POLICY INSTIT	UTE, INC.			33-2103918
Part I-A Compl		anization is exempt und		or is a section s		
•		1				
1 Provide a descripti	on of the organiz	ation's direct and indirect politic	al campaign activities i	n Part IV.		
		ures			▶\$	
		gn activities				
Part I-B Compl	ete if the org	janization is exempt und	er section 501(c)((3).		
		incurred by the organization und				
2 Enter the amount of	of any excise tax	incurred by organization manage	ers under section 4955		► \$	
3 If the organization i	incurred a sectio	n 4955 tax, did it file Form 4720	for this year?			Yes No
4a Was a correction m	nade?					Yes No
b If "Yes," describe in						
		anization is exempt und		-		3).
		d by the filing organization for see			► \$	
		ization's funds contributed to otl	-		Ν.	
					► \$	
•	•	s. Add lines 1 and 2. Enter here a				
						Yes No
		1120-POL for this year?				
		tion listed, enter the amount paid				
	-	omptly and directly delivered to a				
		additional space is needed, prov		•		
(a) Name	a , , ,	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political
(u) Name	5			filing organizatio		ontributions received and
				funds. If none, ent		promptly and directly
						delivered to a separate political organization.
						If none, enter -0
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form 9	90 or 990-EZ.		Sche	edule C (Form 990) 2021
LHA						

132041 11-03-21

		POLICY INSTI			103918 Page 2
Part II-A Complete if the organ	ization is exe	empt under sectio	on 501(c)(3) and fil	ed Form 5768 (e	lection under
section 501(h)).					
A Check 🕨 🛄 if the filing organization			n Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and share of	, ,				
B Check ► if the filing organization	checked box A a	and "limited control" pro	ovisions apply.		
Limits o (The term "expenditu	n Lobbying Expo res" means amo)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	ce public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influence	ce a legislative bo	ody (direct lobbying)			
c Total lobbying expenditures (add lines	1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	dd lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter th	e amount from the	ne following table in bot	th columns.		
If the amount on line 1e, column (a) or (b	is: The lo	bbying nontaxable am	ount is:		
Not over \$500,000	20% o	f the amount on line 1e			
Over \$500,000 but not over \$1,000,00	0 \$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,	000 \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000	,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (enter					
h Subtract line 1g from line 1a. If zero or					
i Subtract line 1f from line 1c. If zero or					
j If there is an amount other than zero o		r line 1i, did the organiz	ation file Form 4720	Г	
reporting section 4911 tax for this yea				l	Yes No
(Some organizations that	made a section	veraging Period Under 501(h) election do not rate instructions for li	have to complete all	of the five columns b	elow.
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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) 2021

132042 11-03-21

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	r each "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:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
	Media advertisements?		X		
d	Mailings to members, legislators, or the public?	Х		3(),557.
	Publications, or published or broadcast statements?		Х		
	Grants to other organizations for lobbying purposes?		Х		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		11	L,538.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		X		
i	Total. Add lines 1c through 1i			42	2,095.
	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?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).			X	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			- 1	
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)				o 2 io
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"NO" OF	r (b) Part	III-A, IIN	e 3, IS
			<u> </u>		
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?				
	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
instr	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:	o list); Part I	I-A, lines 1 a	and 2 (See	
IN	ORDER TO ACCOMPLISH ITS MISSION, DCFPI FURTHERS WA	YS TO	MAKE	DC	
PU	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	THROUC	GH
DII	RECT ENGAGEMENT WITH POLICYMAKERS, LEGISLATOR EMPLO	YEE OI	FA		
LE	GISLATIVE BODY; OR ANY OTHER GOVERNMENT EMPLOYEE WH	O MAY	PARTI	CIPATI	2
			Schedu	le C (Form	990) 2021
13204	3 11-03-21				

Schedule C (Form 990) 2021 DC FISCAL POLICY INSTITUTE, INC. Part IV Supplemental Information (continued)	83-2103918	Page 4
IN THE FORMULATION OF LEGISLATION. SOMETIMES EMPLOYEES ALS	O CONTACT	
LEGISLATORS IN SUPPORT OF OR IN OPPOSITION TO LEGISLATION.	GRASSROOTS	
LOBBYING IS UNDERTAKEN TO ENCOURAGE THE PUBLIC TO CONTACT	LEGISLATORS	
ABOUT LEGISLATION.		
	Schedule C (Form 9	90) 2021
132044 11-03-21 29 180030 703027 17606 2021 04030 DC FISCAL DOLLOY INS		6 1

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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

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Accounts.Complete if the
		(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	-	
	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	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	erring
Pa			V, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a o	conservation easement on the last Held at the End of the Tax Year
	day of the tax year.		
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a	,	
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
	year		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
~	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserva	ation easements during the year
7	Amount of evenences incurred in monitoring, increasing, here	lling of violations, and enforcing concernation .	accomente during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	and enforcing conservations	easements during the year
8	Does each conservation easement reported on line 2(d) above	(a satisfy the requirements of section 170(b)(4)	
0	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,	
9	In Part XIII, describe how the organization reports conservati		
5	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.		that describes the
Pa	t III Organizations Maintaining Collections o	f Art. Historical Treasures. or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		palance sheet works
	of art, historical treasures, or other similar assets held for put		
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		nce sheet works of
	art, historical treasures, or other similar assets held for public		
	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 A		
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 202
	1 10-28-21		. ,
		30	

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2021.04030 DC FISCAL POLICY INSTITUTE, 17696__1

	dule D (Form 990) 2021 DC FISC.	AL POLICY			or Other		03918 Page 2
3	Using the organization's acquisition, accessi						
Ŭ	collection items (check all that apply):		as, encor any	of the following the	at marce sig		
а	Public exhibition	ć		or exchange progr	am		
b	Scholarly research	e		si exertarige progr			
c	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explai	n how they fu	ther the organizat	ion's exem	not purpose in Par	† XIII
5	During the year, did the organization solicit c						
Ŭ	to be sold to raise funds rather than to be m		,	,			Yes No
Pa	t IV Escrow and Custodial Arran						
	reported an amount on Form 990, Pa		ere in the english				
1a	Is the organization an agent, trustee, custod		diarv for contri	butions or other as	ssets not ir	ncluded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII					······	
			ine training tablet				Amount
с	Beginning balance					1c	
	Additions during the year						
	Distributions during the year						
f	Ending balance					1f	
	Did the organization include an amount on F					v?	Yes No
	If "Yes," explain the arrangement in Part XIII.						
Pa							
		(a) Current year	(b) Prior ye	ear (c) Two yea	ırs back (c	d) Three years back	(e) Four years back
1a	Beginning of year balance						
	Contributions						
	Net investment earnings, gains, and losses						
	Grants or scholarships						
	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cur		ce (line 1g, coli	umn (a)) held as:	I		•
а	Board designated or quasi-endowment		%				
	Permanent endowment	%					
с	Term endowment	%					
	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 and administe	ered for the	e organization	
	by:						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 Schedu	ıle R?			3b
4	Describe in Part XIII the intended uses of the						·
Pa	t VI Land, Buildings, and Equipm						
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line	11a. See Form 99	0, Part X, li	ine 10.	
	Description of property	(a) Cost or o basis (investr) Cost or other basis (other)		cumulated reciation	(d) Book value
1a	Land						
	Buildings						
	Leasehold improvements					1	
	Equipment			10,450.		6,063.	4,387.
	Other						
	Add lines 1a through 1e. (Column (d) must e		X, column (B),	line 10c.)			4,387.
_							

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D (Form 990) 2021 DC FISCAL B	OLICY INSTITU	JTE, INC.	83-2103918 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
<u>(G)</u>			
(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	(line 13
(a) Description of investment	(b) Book value		on: Cost or end-of-year market value
(1)			
<u>(2)</u> (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	I		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part 2	K, 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) lir	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes	on Form 990, Part IV, line	11e or 11f. See Form 990	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	0.5.1		
Total. (Column (b) must equal Form 990, Part X, col. (B) lir			-
2. Liability for uncertain tax positions. In Part XIII, provid		•	
organization's liability for uncertain tax positions unde	r FASB ASC 740. Check h	ere if the text of the footno	ote has been provided in Part XIII X

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 DC FISCAL POLICY INSTITUTE ,	INC.		83-	2103918 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With I			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,019,182.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	3,880.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	3,880.
3	Subtract line 2e from line 1			3	2,015,302.
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 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2,015,302.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,624,602.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments				
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			0
d e	Add lines 2a through 2d	2d		2e	0.
	Add lines 2a through 2d Subtract line 2e from line 1	2d		2e 3	0. 1,624,602.
e	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2d			0. 1,624,602.
е 3	Add lines 2a through 2d Subtract line 2e from line 1 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	2d 4a			0. 1,624,602.
e 3 4	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2d 4a			
e 3 4 a	Add lines 2a through 2d Subtract line 2e from line 1 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 4a and 4b	2d 4a 4b		3 4c	0.
e 3 4 a b c 5	Add lines 2a through 2d Subtract line 2e from line 1 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.)	2d 4a 4b		3	

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.

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SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047		
(Form 990)	organization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury		F Contraction of the second se						Open to Public Inspection		
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for inst	ruction	s and	the latest informat	ion.		Inspection Intification number		
		AL POLICY INSTITU	ΓE,	INC	•		83-2103			
	complete this par	Complete if the organization answ +	vered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not		
	e organization rais	sed funds through any of the follow	-		Check all that apply overnment grants	-				
	email solicitations			-	nment grants					
c Phone solici		g 🔀 Specia	al fundra	ising	events					
d In-person so		or oral agreement with any individua	al (inclu	dina o	fficare directore true	etaas	or			
		Part VII) or entity in connection with					X Yes	. No		
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) purs organization.	suant to	agree	ements under which	the fi	undraiser is to b	be		
			(iii) fundr	Did			Amount paid	(vi) Amount paid		
(i) Name and addres or entity (fund		(ii) Activity	fùndr have c or con contrib	ustoay trol of	(iv) Gross receipts from activity	Ì	or retained by) fundraiser ted in col. (i)	to (or retained by) organization		
FOTI CREATIVE - 36		FUNDRAISING COUNSEL AND	Yes	No						
BRANCH ROAD, FALLS	CHURCH, VA	PLAN IMPLEMENTATION		X	0.		100,143.	-100,143.		
			_							
Total							100,143.	-100,143.		
3 List all states in whi		on is registered or licensed to solicit		outions	s or has been notified	d it is	exempt from r			
or licensing.										
<u> </u>										
								<u> </u>		
	aduction Act Not	ica saa tha Instructions for Form	000	000 1	-7		Cohodula	G (Earm 000) 0001		
		ice, see the Instructions for Form FOR CONTINUATIONS	1 990 OF	990-I			Schedule	e G (Form 990) 2021		
132081 10-21-21										

DC FISCAL POLICY INSTITUTE, INC.

Part II	F
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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.

			(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue			(event type)	(event type)	(total number)	
Reve	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E>	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through			🕨	
Pa	11 Int	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a		000 Dart IV line 10 ar		
10		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Fait IV, line 19, of	reported more than	
ð			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Billgo	bingo/progressive bingo		col. (a) through col. (c))
Rev						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	-		Yes %	Yes %	Yes %	
	6	Volunteer labor	Νο	No	No	
	7	Direct expense summary. Add lines 2 through	15 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	· · -	-+-+0		Yes No
		he organization licensed to conduct gaming ac No," explain:				
D.						
		ere any of the organization's gaming licenses re			year?	Yes No
b	lf "	Yes," explain:				
					_	
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Schedule G (Form 990) 2021	DC FISCAL	POLICY	INSTITUTE,	INC.	83-2103918 Page 3
11 Does the organization conduct ga					
12 Is the organization a grantor, ben					
to administer charitable gaming?					Yes 🗌 No
13 Indicate the percentage of gamin	g activity conducted	in:			
a The organization's facility					13a %
b An outside facility					13b %
14 Enter the name and address of the	ne person who prepar	res the organiz	ation's gaming/specia	al events books and rec	ords:
Name 🕨					
Address ►					
15a Does the organization have a cor	ntract with a third part	ty from whom t	he organization recei	ves gaming revenue?	Yes No
b If "Yes," enter the amount of gam	ning revenue received	by the organiz	ation 🕨 \$	and the arr	ount
of gaming revenue retained by th					
c If "Yes," enter name and address			_		
Name 🕨					
Address 🕨					
16 Gaming manager information:					
Name ►					
Gaming manager compensation	▶ \$				
Description of services provided	►				
Director/officer	Employee	Ir	dependent contracto	Dr	
17 Mandatory distributions:					
a Is the organization required unde	r state law to make c	haritable distrib	utions from the gam	ing proceeds to	
retain the state gaming license?					Yes No
b Enter the amount of distributions					
organization's own exempt activit	ties during the tax ye	ar 🕨 \$			
Part IV Supplemental Infor 15b, 15c, 16, and 17b, as					v); and Part III, lines 9, 9b, 10b,
		,			
SCHEDULE G, PART I,	LINE 2B, J	LIST OF	TEN HIGHES	T PAID FUNDR	AISERS:
(I) NAME OF FUNDRAI	SER: FOTI (CREATIVE	1		
(I) ADDRESS OF FUND	RAISER: 360	03 BENT	BRANCH ROA	D, FALLS CHU	RCH, VA 22041
132083 10-21-21					Schedule G (Form 990) 2021

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		Schedule G (Form S

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

 Part IV
 Supplemental Information (continued)

SCHEDULE I	C	Grants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, ar lete if the organizatio	nd Individual	ls in the Ŭni	ted States		2021
Department of the Treasury Internal Revenue Service	Comp	_	Attach to For rs.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organization DC	FISCAL POLICY 1	INSTITUTE, I	INC.				Employer identification number 83-2103918
	on Grants and Assistance						
1 Does the organization mainta criteria used to award the gra	ants or assistance?						
2 Describe in Part IV the organ Part II Grants and Other Ass	sistance to Domestic Organ				anization answered "	(es" on Form 990 Par	t IV line 21 for any
	more than \$5,000. Part II car			•			
1 (a) Name and address of org or government	anization (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AVODAH: THE JEWISH SERVICE 125 MAIDEN LANE, #8B NEW YORK, NY 10038	2 CORP 13-3914342	501(C)(3)	9,350.	0.			FELLOWSHIP PROGRAM
2 Enter total number of section	n 501(c)(3) and government o	rganizations listed in th	ne line 1 table		L	I	<u> </u>
3 Enter total number of other of	organizations listed in the line	1 table					
LHA For Paperwork Reduction	Act Notice, see the Instruct	tions for Form 990.					Schedule I (Form 990) 2021

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

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Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS PAID IN 2021 WERE FOR A FELLOWSHIP PROGRAM TO BRING ON A FELLOW.

MINIMAL MONITORING IS REQUIRED.